

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX
COST REPORT CERTIFICATION
AND SETTLEMENT SUMMARY

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PROVIDER NO:
14-0082

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PERIOD
FROM 6/ 1/2007
TO 5/31/2008

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INTERMEDIARY USE ONLY
--AUDITED --DESK REVIEW
--INITIAL --REOPENED
--FINAL 1-MCR CODE
00 - # OF REOPENINGS

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DATE RECEIVED:
/ /
INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORTDATE: 10/23/2008TIME 13:19

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
LOUIS A. WEISS MEMORIAL HOSPITAL 14-0082
FOR THE COST REPORTING PERIOD BEGINNING 6/ 1/2007 AND ENDING 5/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 10/23/2008 TIME 13:19

gf1mak:ODYy1nmOXbvXRlirce32bd0
HVEzN0D4rjOG3SkICrGWLk362SsJVC
z2S81v5T1s0YNrqu

PI ENCRYPTION INFORMATION
DATE: 10/23/2008 TIME 13:19

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Lpaqb0If.TKBKZxgLGhPP9.z021k3L
Z8xt7Qf1570fTa80

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

		TITLE V		TITLE XVIII		TITLE XIX	
		1	A 2	B 3	4		
1	HOSPITAL	0	-758,788	1,072,023	0		
2	SUBPROVIDER	0	-8,972	0	0		
2 .01	SUBPROVIDER II	0	-84,502	1	0		
100	TOTAL	0	-852,262	1,072,024	0		

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Health Financial Systems MCRIF32 FOR LOUIS A. WEISS MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2008)
 HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA
 I PROVIDER NO: 14-0082 I PERIOD: 6/ 1/2007 I PREPARED 10/23/2008
 I 14-0082 I FROM 6/ 1/2007 I WORKSHEET S-2
 I TO 5/31/2008 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 4646 NORTH MARINE DRIVE P.O. BOX:
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60640- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V XVIII XIX 4 5 6
02.00 HOSPITAL	LOUIS A. WEISS MEMORIAL HOSPITAL	14-0082		7/ 1/1966	N P O
03.00 SUBPROVIDER	REHABILITATION UNIT	14-T082		7/ 1/1996	N P N
03.01 SUBPROVIDER 2	PSYCH UNIT	14-S082		6/ 1/2003	N T N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 6/ 1/2007 TO: 5/31/2008

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 5
 20.01 SUBPROVIDER II 4

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? Y

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) Y Y

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE
RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y"
FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N
26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT
IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01.
SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913
FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR
THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02
28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1.
ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE
OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4
28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL
INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER
THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR
TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE
OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0 0.0000 0.0000
0.00 0

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN
INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE
USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL
EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN
3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES
ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	
28.07	0.00%	
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE
AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N
30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS
HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N
30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH?
SEE 42 CFR 413.70
30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF
PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N
30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE
SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST
BE ON OR AFTER 12/21/2000). N
30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R
TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD
NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF
YES COMPLETE WORKSHEET D-2, PART II N
31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
CFR 412.113(c). N
31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
CFR 412.113(c). N
31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
CFR 412.113(c). N
31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
CFR 412.113(c). N
31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
CFR 412.113(c). N
31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO
IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO
YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR
NO IN COLUMN 2 N
34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

	V	XVIII	XIX
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	1	2	3
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE	N	Y	N

WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? Y
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 44H108
40.01 NAME: RIVERBEND FI/CONTRACTOR NAME FI/CONTRACTOR # 0039
40.02 STREET: 730 CHESTNUT STREET P.O. BOX:
40.03 CITY: CHATTANOOGA STATE: TN ZIP CODE: 37402-
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCNQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
48.01 SUBPROVIDER 2	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE
53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 663,853
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULE AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y OR N LIMIT Y OR N FEES
0 1 2 3 4
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULE AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. N 0.00 0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y Y
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(ii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	131	47,946			13,826		5,980
2	HMO					614		23
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	131	47,946			13,826		5,980
6	INTENSIVE CARE UNIT	16	5,856			2,742		1,224
7	CORONARY CARE UNIT							
8	BURN INTENSIVE CARE UNIT							
9	SURGICAL INTENSIVE CARE UNIT							
11	NURSERY							98
12	TOTAL	147	53,802			16,568		7,302
13	RPCH VISITS							
14	SUBPROVIDER	26	9,516			3,009		410
14	01 SUBPROVIDER II	10	3,660			2,406		145
25	TOTAL	183						
26	OBSERVATION BED DAYS							374
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		TITLE XIX OBSERVATION BEDS ADMITTED 5.01	I/P DAYS / NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			25,198				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			25,198				
6	INTENSIVE CARE UNIT			5,158				
7	CORONARY CARE UNIT							
8	BURN INTENSIVE CARE UNIT							
9	SURGICAL INTENSIVE CARE UNIT							
11	NURSERY			127				
12	TOTAL			30,483			50.81	
13	RPCH VISITS							
14	SUBPROVIDER			4,449				
14	01 SUBPROVIDER II			2,858				
25	TOTAL						50.81	
26	OBSERVATION BED DAYS		374	1,397	46	1,351		
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					3,055	1,548	5,929
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
7	CORONARY CARE UNIT							
8	BURN INTENSIVE CARE UNIT							
9	SURGICAL INTENSIVE CARE UNIT							
11	NURSERY							
12	TOTAL	50.81	747.14			3,055	1,548	5,929
13	RPCH VISITS							
14	SUBPROVIDER		20.50			267	35	393
14	01 SUBPROVIDER II		13.72			270	16	323
25	TOTAL	50.81	781.36					
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	45,188,717		45,188,717	1,625,230.00	27.80	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	2,408,966		2,408,966	98,673.00	24.41	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	4,544,268		4,544,268	145,977.00	31.13	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	2,048,535		2,048,535	33,008.00	62.06	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	408,622		408,622	4,256.00	96.01	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	364,346		364,346	10,205.00	35.70	
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	1,448,836		1,448,836	16,123.00	89.86	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	6,209,023		6,209,023			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	557,725		557,725			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	138,980		138,980			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	541,972		541,972	16,495.00	32.86	
22 ADMINISTRATIVE & GENERAL	6,522,687		6,522,687	218,417.00	29.86	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS				4,702.00		
24 OPERATION OF PLANT	1,345,500		1,345,500	59,409.00	22.65	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	714,331		714,331	56,526.00	12.64	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	891,039		891,039	56,967.00	15.64	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	606,536		606,536	15,609.00	38.86	
31 CENTRAL SERVICE AND SUPPLY	616,506		616,506	30,073.00	20.50	
32 PHARMACY	1,122,261		1,122,261	35,227.00	31.86	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,014,400		1,014,400	48,623.00	20.86	
34 SOCIAL SERVICE	69,667		69,667	2,738.00	25.44	
35 OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	42,779,751		42,779,751	1,526,557.00	28.02	
2 EXCLUDED AREA SALARIES	4,544,268		4,544,268	145,977.00	31.13	
3 SUBTOTAL SALARIES	38,235,483		38,235,483	1,380,580.00	27.70	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	4,270,339		4,270,339	63,592.00	67.15	
5 SUBTOTAL WAGE-RELATED COSTS	6,209,023		6,209,023		16.24	
6 TOTAL	48,714,845		48,714,845	1,444,172.00	33.73	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	13,444,899		13,444,899	544,786.00	24.68	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE 99,535,064
17.01	GROSS MEDICAID REVENUES 18,983,581
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS 123,174
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 118,641,819
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .246243
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 85,707,035

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 10/23/2008
 I 14-0082 I FROM 6/ 1/2007 I WORKSHEET S-10
 I I TO 5/31/2008 I
 I I I

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	21,104,757
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	13,828,029
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	3,405,055
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	21,104,757

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0082
II PERIOD:
I FROM 6/ 1/2007
I TO 5/31/2008I PREPARED 10/23/2008
I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT				969,371	969,371
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				722,956	722,956
5	0500	EMPLOYEE BENEFITS	541,972	3,543,552	4,085,524	-11,547	4,073,977
6	0600	ADMINISTRATIVE & GENERAL	6,522,687	29,646,095	36,168,782	-665,887	35,502,895
7	0700	MAINTENANCE & REPAIRS					
7.01	0701	BIOMEDICAL ENGINEERING		735,623	735,623	-86	735,537
8	0800	OPERATION OF PLANT	1,345,500	3,176,791	4,522,291	245,633	4,767,924
9	0900	LAUNDRY & LINEN SERVICE		349,677	349,677	16,151	365,828
10	1000	HOUSEKEEPING	714,331	356,491	1,070,822	-15,801	1,055,021
11	1100	DIETARY	891,039	973,532	1,864,571	-4,147	1,860,424
12	1200	CAFETERIA					
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	606,536	66,818	673,354	-132	673,222
15	1500	CENTRAL SERVICES & SUPPLY	616,506	1,416,723	2,033,229	-598,008	1,435,221
16	1600	PHARMACY	1,122,261	2,645,690	3,767,951	-1,434,002	2,333,949
17	1700	MEDICAL RECORDS & LIBRARY	1,014,400	258,470	1,272,870	-1,825	1,271,045
18	1800	SOCIAL SERVICE	69,667	6,093	75,760		75,760
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	2,408,966		2,408,966		2,408,966
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		2,251,123	2,251,123	-3,370	2,247,753
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	7,512,302	2,019,478	9,531,780	-819,927	8,711,853
26	2600	INTENSIVE CARE UNIT	2,868,907	1,382,762	4,251,669	-447,883	3,803,786
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
31	3100	SUBPROVIDER	1,131,244	672,291	1,803,535	-46,452	1,757,083
31.01	3101	SUBPROVIDER II	831,418	251,445	1,082,863	-12,738	1,070,125
33	3300	NURSERY				252,502	252,502
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	3,102,586	8,879,302	11,981,888	-1,745,201	10,236,687
37.01	3701	G.T. LAB	465,581	353,865	819,446	-132,687	686,759
39	3900	DELIVERY ROOM & LABOR ROOM	1,126	94,850	95,976		95,976
40	4000	ANESTHESIOLOGY	135,913	434,076	569,989	-228,598	341,391
41	4100	RADIOLOGY-DIAGNOSTIC	1,556,488	1,090,582	2,647,070	-244,024	2,403,046
41.02	3630	ULTRASOUND	203,874	40,477	244,351	-426	243,925
41.03	3230	CT SCANS	362,025	307,471	669,496	-84,653	584,843
42	4200	RADIOLOGY-THERAPEUTIC	194,281	255,445	449,726	-5,593	444,133
43	4300	RADIOISOTOPE	291,071	242,221	533,292	-9,620	523,672
43.01	3480	STRAUSS ONCOLOGY	694,432	4,292,191	4,986,623	-1,263,217	3,723,406
44	4400	LABORATORY	1,336,915	1,963,817	3,300,732	-88,457	3,212,275
47	4700	BLOOD STORING, PROCESSING & TRANS.		1,129,000	1,129,000	580	1,129,580
49	4900	RESPIRATORY THERAPY	946,558	303,548	1,250,106	-159,334	1,090,772
50	5000	PHYSICAL THERAPY	1,279,818	388,717	1,668,535	-8,029	1,660,506
50.01	3040	AUDIOLOGY	33,380	34,161	67,541	-30,467	37,074
50.02	5001	SCHWAB PHYSICAL THERAPY					
53	5300	ELECTROCARDIOLOGY	843,368	1,210,527	2,053,895	-212,800	1,841,095
54	5400	ELECTROENCEPHALOGRAPHY	51,267	4,090	55,357	-255	55,102
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				4,480,278	4,480,278
56	5600	DRUGS CHARGED TO PATIENTS				2,803,503	2,803,503
58.01	3950	RENAL		321,865	321,865	-1,511	320,354
59	3951	WOUND CARE	130,075	500,214	630,289	-52,369	577,920
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	876,370	383,735	1,260,105	-111,856	1,148,249
60.01	6001	PROSTATE CENTER					
60.02	6002	SPINE CENTER					
61	6100	EMERGENCY	1,904,247	1,592,415	3,496,662	-499,509	2,997,153
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		SPEC PURPOSE COST CENTERS					
90	9000	OTHER CAPITAL RELATED COSTS					
95		SUBTOTALS	42,607,111	73,575,223	116,182,334	550,563	116,732,897
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800	PHYSICIANS' PRIVATE OFFICES	2,192,014	1,940,694	4,132,708	-547,844	3,584,864
100	7950	PHYSICIAN ASSISTANTS	86,855	18,374	105,229		105,229
100.01	7951	DEVELOPMENT					
100.02	7952	CORPORATE COMPLIANCE					
100.03	7960	MARKETING	302,737	826,996	1,129,733	-2,719	1,127,014
100.04	7961	MID-WIVES					
100.05	7953	VACANT SPACE					
100.06	7954	LAKEFRONT MEDICAL GROUP					
101		TOTAL	45,188,717	76,361,287	121,550,004	-0-	121,550,004

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
 I 14-0082
 T

I PERIOD:
I FROM 6/ 1/2007
I TO 5/31/2008

I PREPARED 10/23/2008
I WORKSHEET A

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT		
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	4,341,711	5,311,082
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	5,705,743	6,428,699
5	0500	EMPLOYEE BENEFITS	-180,482	3,893,495
6	0600	ADMINISTRATIVE & GENERAL	-22,585,560	12,917,335
7	0700	MAINTENANCE & REPAIRS		
7.01	0701	BIOMEDICAL ENGINEERING		735,537
8	0800	OPERATION OF PLANT	-494,676	4,273,248
9	0900	LAUNDRY & LINEN SERVICE		365,828
10	1000	HOUSEKEEPING		1,055,021
11	1100	DIETARY	-324,673	1,535,751
12	1200	CAFETERIA		
13	1300	MAINTENANCE OF PERSONNEL		
14	1400	NURSING ADMINISTRATION	-492	672,730
15	1500	CENTRAL SERVICES & SUPPLY		1,435,221
16	1600	PHARMACY		2,333,949
17	1700	MEDICAL RECORDS & LIBRARY	-3,934	1,267,111
18	1800	SOCIAL SERVICE		75,760
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD		2,408,966
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	-968,701	1,279,052
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-37,029	8,674,824
26	2600	INTENSIVE CARE UNIT	-4,168	3,799,618
27	2700	CORONARY CARE UNIT		
28	2800	BURN INTENSIVE CARE UNIT		
29	2900	SURGICAL INTENSIVE CARE UNIT		
31	3100	SUBPROVIDER	-27,263	1,729,820
31.01	3101	SUBPROVIDER II	-18,267	1,051,858
33	3300	NURSERY		252,502
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-56,433	10,180,254
37.01	3701	G.I. LAB	-5	686,754
39	3900	DELIVERY ROOM & LABOR ROOM	-33,773	62,203
40	4000	ANESTHESIOLOGY	-200,000	141,391
41	4100	RADIOLOGY-DIAGNOSTIC	-261,269	2,141,777
41.02	3630	ULTRASOUND		243,925
41.03	3230	CT SCANS		584,843
42	4200	RADIOLOGY-THERAPEUTIC		444,133
43	4300	RADIOISOTOPE	-702	522,970
43.01	3480	STRAUSS ONCOLOGY	-48,938	3,674,468
44	4400	LABORATORY	-136,193	3,076,082
47	4700	BLOOD STORING, PROCESSING & TRANS.		1,129,580
49	4900	RESPIRATORY THERAPY		1,090,772
50	5000	PHYSICAL THERAPY	-114	1,660,392
50.01	3040	AUDIOLOGY		37,074
50.02	5001	SCHWAB PHYSICAL THERAPY		
53	5300	ELECTROCARDIOLOGY	-4	1,841,091
54	5400	ELECTROENCEPHALOGRAPHY		55,102
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		4,480,278
56	5600	DRUGS CHARGED TO PATIENTS		2,803,503
58.01	3950	RENAL		320,354
59	3951	WOUND CARE		577,920
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC	-57,820	1,090,429
60.01	6001	PROSTATE CENTER		
60.02	6002	SPINE CENTER		
61	6100	EMERGENCY	-588,071	2,409,082
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		SPEC PURPOSE COST CENTERS		
90	9000	OTHER CAPITAL RELATED COSTS		-0-
95		SUBTOTALS	-15,981,113	100,751,784
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800	PHYSICIANS' PRIVATE OFFICES	-204,602	3,380,262
100	7950	PHYSICIAN ASSISTANTS		105,229
100.01	7951	DEVELOPMENT		
100.02	7952	CORPORATE COMPLIANCE		
100.03	7960	MARKETING		1,127,014
100.04	7961	MID-WIVES		
100.05	7953	VACANT SPACE		
100.06	7954	LAKEFRONT MEDICAL GROUP		
101		TOTAL	-16,185,715	105,364,289

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 10/23/2008
 I 14-0082 I FROM 6/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 5/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
7.01	BIOMEDICAL ENGINEERING	0701	MAINTENANCE & REPAIRS
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER II	3101	SUBPROVIDER #####
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	G.I. LAB	3701	OPERATING ROOM
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.02	ULTRASOUND	3630	ULTRA SOUND
41.03	CT SCANS	3230	CAT SCAN
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
43.01	STRAUSS ONCOLOGY	3480	ONCOLOGY
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
50.01	AUDIOLOGY	3040	AUDIOLOGY
50.02	SCHWAB PHYSICAL THERAPY	5001	PHYSICAL THERAPY
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58.01	RENAL	3950	OTHER ANCILLARY SERVICE COST CENTERS
59	WOUND CARE	3951	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	PROSTATE CENTER	6001	CLINIC
60.02	SPINE CENTER	6002	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	PHYSICIAN ASSISTANTS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	DEVELOPMENT	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	CORPORATE COMPLIANCE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	MARKETING	7960	OTHER NONREIMBURSABLE COST CENTERS
100.04	MID-WIVES	7961	OTHER NONREIMBURSABLE COST CENTERS
100.05	VACANT SPACE	7953	OTHER NONREIMBURSABLE COST CENTERS
100.06	LAKEFRONT MEDICAL GROUP	7954	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

 PROVIDER NO:
140082

PERIOD:

 FROM 6/ 1/2007
TO 5/31/2008

 PREPARED 10/23/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 RENTS & LEASES	A	NEW CAP REL COSTS-BLDG & FIXT	3		293,535
2		NEW CAP REL COSTS-MVBLE EQUIP	4		722,956
3		ADMINISTRATIVE & GENERAL	6		10,438
4		OPERATION OF PLANT	8		245,665
5		ULTRASOUND	41.02		4,015
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23 NURSERY	B	NURSERY	33	193,797	58,705
24 CHARGEABLE DRUGS	C	DRUGS CHARGED TO PATIENTS	56		2,803,503
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 CHARGEABLE DRUGS	C				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11 LAUNDRY	D	LAUNDRY & LINEN SERVICE	9		16,151
12					
13 YELLOW PAGES	E	ADMINISTRATIVE & GENERAL	6		792
14 PROPERTY TAXES	F	NEW CAP REL COSTS-BLDG & FIXT	3		675,836
15 CHARGEABLE SUPPLIES	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		4,480,278
16		BLOOD STORING, PROCESSING & TRANS.	47		580
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

EXPLANATION OF RECLASSIFICATION	INCREASE			
	CODE (1)	COST CENTER	LINE NO	SALARY OTHER
	1	2	3	4
				5
1 CHARGEABLE SUPPLIES	G			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
36 TOTAL RECLASSIFICATIONS			193,797	9,312,454

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1 RENTS & LEASES	A	EMPLOYEE BENEFITS	5		7,961	10
2		CENTRAL SERVICES & SUPPLY	15		472,535	10
3		MEDICAL RECORDS & LIBRARY	17		1,824	
4		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		2,957	
5		ADULTS & PEDIATRICS	25		10,581	
6		INTENSIVE CARE UNIT	26		12,450	
7		SUBPROVIDER	31		1,824	
8		SUBPROVIDER II	31.01		907	
9		OPERATING ROOM	37		40,947	
10		G.I. LAB	37.01		428	
11		RADIOLOGY-DIAGNOSTIC	41		2,551	
12		RADIOLOGY-THERAPEUTIC	42		306	
13		RADIOISOTOPE	43		1,246	
14		STRAUSS ONCOLOGY	43.01		53,368	
15		LABORATORY	44		1,128	
16		RESPIRATORY THERAPY	49		91,954	
17		PHYSICAL THERAPY	50		1,128	
18		ELECTROCARDIOLOGY	53		1,603	
19		WOUND CARE	59		1,582	
20		CLINIC	60		42,946	
21		EMERGENCY	61		11,125	
22		PHYSICIANS' PRIVATE OFFICES	98		515,258	
23 NURSERY	B	ADULTS & PEDIATRICS	25	193,797	58,705	
24 CHARGEABLE DRUGS	C	EMPLOYEE BENEFITS	5		1,229	
25		CENTRAL SERVICES & SUPPLY	15		1,881	
26		PHARMACY	16		1,404,893	
27		ADULTS & PEDIATRICS	25		7,204	
28		INTENSIVE CARE UNIT	26		2,310	
29		OPERATING ROOM	37		31,796	
30		G.I. LAB	37.01		339	
31		ANESTHESIOLOGY	40		99,354	
32		RADIOLOGY-DIAGNOSTIC	41		364	
33		ULTRASOUND	41.02		123	
34		CT SCANS	41.03		61	
35		RADIOLOGY-THERAPEUTIC	42		158	
1 CHARGEABLE DRUGS	C	RADIOISOTOPE	43		101	
2		STRAUSS ONCOLOGY	43.01		1,168,339	
3		LABORATORY	44		32	
4		RESPIRATORY THERAPY	49		3	
5		ELECTROCARDIOLOGY	53		2,307	
6		RENAL	58.01		318	
7		WOUND CARE	59		7,625	
8		CLINIC	60		56,125	
9		EMERGENCY	61		2,286	
10		PHYSICIANS' PRIVATE OFFICES	98		16,655	
11 LAUNDRY	D	DIETARY	11		1,271	
12		OPERATING ROOM	37		14,880	
13 YELLOW PAGES	E	PHYSICIANS' PRIVATE OFFICES	98		792	
14 PROPERTY TAXES	F	ADMINISTRATIVE & GENERAL	6		675,836	13
15 CHARGEABLE SUPPLIES	G	EMPLOYEE BENEFITS	5		2,357	
16		ADMINISTRATIVE & GENERAL	6		1,281	
17		BIOMEDICAL ENGINEERING	7.01		86	
18		OPERATION OF PLANT	8		32	
19		HOUSEKEEPING	10		15,801	
20		DIETARY	11		2,876	
21		NURSING ADMINISTRATION	14		132	
22		CENTRAL SERVICES & SUPPLY	15		123,592	
23		PHARMACY	16		29,109	
24		MEDICAL RECORDS & LIBRARY	17		1	
25		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		413	
26		ADULTS & PEDIATRICS	25		549,640	
27		INTENSIVE CARE UNIT	26		433,123	
28		SUBPROVIDER	31		44,628	
29		SUBPROVIDER II	31.01		11,831	
30		OPERATING ROOM	37		1,657,578	
31		G.I. LAB	37.01		131,920	
32		ANESTHESIOLOGY	40		129,244	
33		RADIOLOGY-DIAGNOSTIC	41		241,109	
34		ULTRASOUND	41.02		4,318	
35		CT SCANS	41.03		84,592	

RECLASSIFICATIONS

PROVIDER NO:

PERIOD:

PREPARED 10/23/2008

140082

FROM 6/ 1/2007

WORKSHEET A-6

TO 5/31/2008

CONTD

EXPLANATION OF RECLASSIFICATION	DECREASE					A-7 REF 10
	CODE (1) COST CENTER	LINE NO	SALARY	OTHER		
	1	6	7	8	9	
1 CHARGEABLE SUPPLIES	G	RADIOLOGY-THERAPEUTIC	42		5,129	
2		RADIOISOTOPE	43		8,273	
3		STRAUSS ONCOLOGY	43.01		41,510	
4		LABORATORY	44		87,297	
5		RESPIRATORY THERAPY	49		67,377	
6		PHYSICAL THERAPY	50		6,901	
7		AUDIOLOGY	50.01		30,467	
8		ELECTROCARDIOLOGY	53		208,890	
9		ELECTROENCEPHALOGRAPHY	54		255	
10		RENAL	58.01		1,193	
11		WOUND CARE	59		43,162	
12		CLINIC	60		12,785	
13		EMERGENCY	61		486,098	
14		PHYSICIANS' PRIVATE OFFICES	98		15,139	
15		MARKETING	100.03		2,719	
36 TOTAL RECLASSIFICATIONS				193,797	9,312,454	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

 PROVIDER NO:
140082

 PERIOD:
FROM 6/ 1/2007

TO 5/31/2008

PREPARED 10/23/2008

WORKSHEET A-6

NOT A CMS WORKSHEET

 RECLASS CODE: A
EXPLANATION : RENTS & LEASES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	293,535	EMPLOYEE BENEFITS	5	7,961	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	722,956	CENTRAL SERVICES & SUPPLY	15	472,535	
3.00	ADMINISTRATIVE & GENERAL	6	10,438	MEDICAL RECORDS & LIBRARY	17	1,824	
4.00	OPERATION OF PLANT	8	245,665	I&R SERVICES-OTHER PRGM COSTS	23	2,957	
5.00	ULTRASOUND	41.02	4,015	ADULTS & PEDIATRICS	25	10,581	
6.00			0	INTENSIVE CARE UNIT	26	12,450	
7.00			0	SUBPROVIDER	31	1,824	
8.00			0	SUBPROVIDER II	31.01	907	
9.00			0	OPERATING ROOM	37	40,947	
10.00			0	G.I. LAB	37.01	428	
11.00			0	RADIOLOGY-DIAGNOSTIC	41	2,551	
12.00			0	RADIOLOGY-THERAPEUTIC	42	306	
13.00			0	RADIOISOTOPE	43	1,246	
14.00			0	STRAUSS ONCOLOGY	43.01	53,368	
15.00			0	LABORATORY	44	1,128	
16.00			0	RESPIRATORY THERAPY	49	91,954	
17.00			0	PHYSICAL THERAPY	50	1,128	
18.00			0	ELECTROCARDIOLOGY	53	1,603	
19.00			0	WOUND CARE	59	1,582	
20.00			0	CLINIC	60	42,946	
21.00			0	EMERGENCY	61	11,125	
22.00			0	PHYSICIANS' PRIVATE OFFICES	98	515,258	
TOTAL RECLASSIFICATIONS FOR CODE A			1,276,609				1,276,609

 RECLASS CODE: B
EXPLANATION : NURSERY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	252,502	ADULTS & PEDIATRICS	25	252,502	
TOTAL RECLASSIFICATIONS FOR CODE B			252,502				252,502

 RECLASS CODE: C
EXPLANATION : CHARGEABLE DRUGS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	2,803,503	EMPLOYEE BENEFITS	5	1,229	
2.00			0	CENTRAL SERVICES & SUPPLY	15	1,881	
3.00			0	PHARMACY	16	1,404,893	
4.00			0	ADULTS & PEDIATRICS	25	7,204	
5.00			0	INTENSIVE CARE UNIT	26	2,310	
6.00			0	OPERATING ROOM	37	31,796	
7.00			0	G.I. LAB	37.01	339	
8.00			0	ANESTHESIOLOGY	40	99,354	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	364	
10.00			0	ULTRASOUND	41.02	123	
11.00			0	CT SCANS	41.03	61	
12.00			0	RADIOLOGY-THERAPEUTIC	42	158	
13.00			0	RADIOISOTOPE	43	101	
14.00			0	STRAUSS ONCOLOGY	43.01	1,168,339	
15.00			0	LABORATORY	44	32	
16.00			0	RESPIRATORY THERAPY	49	3	
17.00			0	ELECTROCARDIOLOGY	53	2,307	
18.00			0	RENAL	58.01	318	
19.00			0	WOUND CARE	59	7,625	
20.00			0	CLINIC	60	56,125	
21.00			0	EMERGENCY	61	2,286	
22.00			0	PHYSICIANS' PRIVATE OFFICES	98	16,655	
TOTAL RECLASSIFICATIONS FOR CODE C			2,803,503				2,803,503

 RECLASS CODE: D
EXPLANATION : LAUNDRY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	16,151	DIETARY	11	1,271	
2.00			0	OPERATING ROOM	37	14,880	
TOTAL RECLASSIFICATIONS FOR CODE D			16,151				16,151

 RECLASS CODE: E
EXPLANATION : YELLOW PAGES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	792	PHYSICIANS' PRIVATE OFFICES	98	792	
TOTAL RECLASSIFICATIONS FOR CODE E			792				792

RECLASS CODE: F
EXPLANATION : PROPERTY TAXES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	675,836	ADMINISTRATIVE & GENERAL	6	675,836	
TOTAL RECLASSIFICATIONS FOR CODE F			675,836				675,836

RECLASS CODE: G
EXPLANATION : CHARGEABLE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	4,480,278	EMPLOYEE BENEFITS	5	2,357	
2.00	BLOOD STORING, PROCESSING & TR	47	580	ADMINISTRATIVE & GENERAL	6	1,281	
3.00			0	BIOMEDICAL ENGINEERING	7.01	86	
4.00			0	OPERATION OF PLANT	8	32	
5.00			0	HOUSEKEEPING	10	15,801	
6.00			0	DIETARY	11	2,876	
7.00			0	NURSING ADMINISTRATION	14	132	
8.00			0	CENTRAL SERVICES & SUPPLY	15	123,592	
9.00			0	PHARMACY	16	29,109	
10.00			0	MEDICAL RECORDS & LIBRARY	17	1	
11.00			0	I&R SERVICES-OTHER PRGM COSTS	23	413	
12.00			0	ADULTS & PEDIATRICS	25	549,640	
13.00			0	INTENSIVE CARE UNIT	26	433,123	
14.00			0	SUBPROVIDER	31	44,628	
15.00			0	SUBPROVIDER II	31.01	11,831	
16.00			0	OPERATING ROOM	37	1,657,578	
17.00			0	G.I. LAB	37.01	131,920	
18.00			0	ANESTHESIOLOGY	40	129,244	
19.00			0	RADIOLOGY-DIAGNOSTIC	41	241,109	
20.00			0	ULTRASOUND	41.02	4,318	
21.00			0	CT SCANS	41.03	84,592	
22.00			0	RADIOLOGY-THERAPEUTIC	42	5,129	
23.00			0	RADIOISOTOPE	43	8,273	
24.00			0	STRAUSS ONCOLOGY	43.01	41,510	
25.00			0	LABORATORY	44	87,297	
26.00			0	RESPIRATORY THERAPY	49	67,377	
27.00			0	PHYSICAL THERAPY	50	6,901	
28.00			0	AUDIOLOGY	50.01	30,467	
29.00			0	ELECTROCARDIOLOGY	53	208,890	
30.00			0	ELECTROENCEPHALOGRAPHY	54	255	
31.00			0	RENAL	58.01	1,193	
32.00			0	WOUND CARE	59	43,162	
33.00			0	CLINIC	60	12,785	
34.00			0	EMERGENCY	61	486,098	
35.00			0	PHYSICIANS' PRIVATE OFFICES	98	15,139	
36.00			0	MARKETING	100.03	2,719	
TOTAL RECLASSIFICATIONS FOR CODE G			4,480,858				4,480,858

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	2,829,328					2,829,328	
2	LAND IMPROVEMENTS	606,139					606,139	
3	BUILDINGS & FIXTURE	42,194,527	1,848,686		1,848,686		44,043,213	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	236,794					236,794	
6	MOVABLE EQUIPMENT	124,977,478	2,423,578		2,423,578		127,401,056	
7	SUBTOTAL	170,844,266	4,272,264		4,272,264		175,116,530	
8	RECONCILING ITEMS							
9	TOTAL	170,844,266	4,272,264		4,272,264		175,116,530	

RECONCILIATION OF CAPITAL COSTS CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 10/23/2008
 I 14-0082 I FROM 6/ 1/2007 I WORKSHEET A-7
 I I TO 5/31/2008 I PARTS III & IV

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	44,649,352		44,649,352	.259157			
4	NEW CAP REL COSTS-MV	127,637,850		127,637,850	.740843			
5	TOTAL	172,287,202		172,287,202	1.000000			

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	937,420	293,535	2,667,263	43,625	1,369,239		5,311,082
4	NEW CAP REL COSTS-MV	4,741,238	722,956	957,009	7,496			6,428,699
5	TOTAL	5,678,658	1,016,491	3,624,272	51,121	1,369,239		11,739,781

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

- * All lines numbers except line 5 are to be consistent with workshcet A line numbers for capital cost centers.
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.
 Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 14-0082
II PERIOD:
I FROM 6/ 1/2007 I PREPARED 10/23/2008
I TO 5/31/2008 I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,202,207			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-4,897,219			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	8	-319,936	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-3,934	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-4,386	ADMINISTRATIVE & GENERAL	6	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	937,420	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	4,769,250	NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 DEPRECIATION	A	-7,686,674	ADMINISTRATIVE & GENERAL	6	
37.01 TELEPHONE SERVICES - DIRECT PHONE CO	A	-37,555	ADMINISTRATIVE & GENERAL	6	
37.02 TELEPHONE SERVICES - PBX SALARY	A	-46,336	ADMINISTRATIVE & GENERAL	6	
37.03 TELEPHONE SERVICES - PBX BENEFITS	A	-3,634	EMPLOYEE BENEFITS	5	
37.04 TELEPHONE SERVICES - DEPRECIATION	A	-20,241	NEW CAP REL COSTS-MVBLE E	4	9
37.05 TELEVISION SERVICES	A	-7,771	NEW CAP REL COSTS-MVBLE E	4	9
37.06 SATELITE TV	A	-4,197	DIETARY	11	
37.07 SATELITE TV	A	-724	CLINIC	60	
37.08 WATER TOWER RENT	B	-494,176	OPERATION OF PLANT	8	
37.09 MEDICAL STAFF APPLICATION	B	-11,850	ADMINISTRATIVE & GENERAL	6	
37.10 TRANSPORT REVENUE	B	-4,427	ADMINISTRATIVE & GENERAL	6	
37.11 OTHER OPERATING INCOME	B	-239,587	ADMINISTRATIVE & GENERAL	6	
37.12 OTHER OPERATING INCOME	B	-370	I&R SERVICES-OTHER PRGM C	23	
37.13 GRANTS/CONTRIBUTIONS	B	-24,192	STRAUSS ONCOLOGY	43.01	
37.14 MISC INCOME	B	-25	PHYSICAL THERAPY	50	
37.15 MISC RENTAL INCOME	B	-65,349	CLINIC	60	
37.16 OTHER OPERATING INCOME	B	-1,150	CLINIC	60	
37.17 INTEREST INCOME	B	-14,029	ADMINISTRATIVE & GENERAL	6	
37.18 ADVERTISING	A	-1,883	ADULTS & PEDIATRICS	25	
37.19 OTHER EXPENSE	A	-20,000	EMPLOYEE BENEFITS	5	
37.20 OTHER EXPENSE	A	31,191	ADMINISTRATIVE & GENERAL	6	
37.21 OTHER EXPENSE	A	-3,130	ADULTS & PEDIATRICS	25	
37.22 OTHER EXPENSE	A	-3,450	INTENSIVE CARE UNIT	26	
37.23 PURCHASED SVCS	A	-293	EMPLOYEE BENEFITS	5	
37.24 PURCHASED SVCS	A	-3,999	ADMINISTRATIVE & GENERAL	6	
37.25 PURCHASED SVCS	A	-500	OPERATION OF PLANT	8	
37.26 PURCHASED SVCS	A	-304	DIETARY	11	
37.27 PURCHASED SVCS	A	-492	NURSING ADMINISTRATION	14	
37.28 PURCHASED SVCS	A	-534	I&R SERVICES-OTHER PRGM C	23	
37.29 PURCHASED SVCS	A	-2,594	ADULTS & PEDIATRICS	25	
37.30 PURCHASED SVCS	A	-6,400	OPERATING ROOM	37	
37.31 PURCHASED SVCS	A	-600	RADIOISOTOPE	43	
37.32 PURCHASED SVCS	A	-1,620	STRAUSS ONCOLOGY	43.01	
37.33 PURCHASED SVCS	A	-540	CLINIC	60	
37.34 PURCHASED SVCS	A	100	EMERGENCY	61	
37.35 PHYSICIAN GUARANTEE	A	4,469	ADMINISTRATIVE & GENERAL	6	
37.36 PHYSICIAN INCENTIVES	A	-1,280	ADMINISTRATIVE & GENERAL	6	
37.37 PHYSICIAN INCENTIVES	A	-3,429	ADULTS & PEDIATRICS	25	
37.38 PHYSICIAN GUARANTEE	A	-33,750	DELIVERY ROOM & LABOR ROO	39	
37.39 TRAVEL	A	-1,917	ADMINISTRATIVE & GENERAL	6	
37.40 TRAVEL	A	-64	STRAUSS ONCOLOGY	43.01	
37.41 ALCOHOL	A	-1,369	ADMINISTRATIVE & GENERAL	6	
37.42 ALCOHOL	A	-166	DIETARY	11	
37.43 MEALS	A	-1,903	ADMINISTRATIVE & GENERAL	6	
37.44 MEALS	A	-282	I&R SERVICES-OTHER PRGM C	23	
37.45 PROPERTY TAX	A	693,403	NEW CAP REL COSTS-BLDG &	3	13
37.46 GERO PSYCH START UP AMORTIZATION ADD	A	6,030	ADMINISTRATIVE & GENERAL	6	
37.47 DONATION & CONTRIBUTION	A	-18,700	ADMINISTRATIVE & GENERAL	6	
37.48 LOBBYING DUES	A	-39,913	ADMINISTRATIVE & GENERAL	6	

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 14-0082
II PERIOD:
I FROM 6/ 1/2007 I PREPARED 10/23/2008
I TO 5/31/2008 I WORKSHEET A-8

DESCRIPTION (1)		(2)	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST.
		BASIS/CODE	AMOUNT	COST CENTER	LINE NO	A-7 REF.
		1	2	3	4	5
37.49	LOBBYING DUES	A	-70	DIETARY	11	
37.50	LOBBYING DUES	A	-15	OPERATING ROOM	37	
37.51	DUES & SUBSCRIPTION	A	-6,446	ADMINISTRATIVE & GENERAL	6	
37.52	PHYSICIANS DUES & SUBSCRIPTION	A	-1,439	ADMINISTRATIVE & GENERAL	6	
37.53	PHYSICIANS DUES & SUBSCRIPTION	A	-2,110	STRAUSS ONCOLOGY	43.01	
37.54	PHYSICIANS DUES & SUBSCRIPTION	A	-1,800	EMERGENCY	61	
37.55	PATIENT TRANSPORTATION	A	-808	ADMINISTRATIVE & GENERAL	6	
37.56	PATIENT TRANSPORTATION	A	-2,443	ADULTS & PEDIATRICS	25	
37.57	PATIENT TRANSPORTATION	A	-718	INTENSIVE CARE UNIT	26	
37.58	PATIENT TRANSPORTATION	A	-48	SUBPROVIDER II	31.01	
37.59	PATIENT TRANSPORTATION	A	-309	OPERATING ROOM	37	
37.60	PATIENT TRANSPORTATION	A	-5	G.I. LAB	37.01	
37.61	PATIENT TRANSPORTATION	A	-23	DELIVERY ROOM & LABOR ROO	39	
37.62	PATIENT TRANSPORTATION	A	1,275	RADIOLOGY-DIAGNOSTIC	41	
37.63	PATIENT TRANSPORTATION	A	-102	RADIOISOTOPE	43	
37.64	PATIENT TRANSPORTATION	A	-138	STRAUSS ONCOLOGY	43.01	
37.65	PATIENT TRANSPORTATION	A	-89	PHYSICAL THERAPY	50	
37.66	PATIENT TRANSPORTATION	A	-4	ELECTROCARDIOLOGY	53	
37.67	PATIENT TRANSPORTATION	A	-3,949	EMERGENCY	61	
37.68	PENALTIES & FINES	A	-23,581	ADMINISTRATIVE & GENERAL	6	
37.69	BAD DEBTS	A	-7,331,275	ADMINISTRATIVE & GENERAL	6	
37.70	BAD DEBTS	A	16,853	STRAUSS ONCOLOGY	43.01	
37.71	BAD DEBTS	A	9,943	CLINIC	60	
37.72	LEGAL	A	-26,543	ADMINISTRATIVE & GENERAL	6	
37.73	SENIOR SERVICES	A	-14,653	ADULTS & PEDIATRICS	25	
37.74						
37.75						
38	OTHER ADJUSTMENTS (SPECIFY)					
39	OTHER ADJUSTMENTS (SPECIFY)					
40	OTHER ADJUSTMENTS (SPECIFY)					
41	OTHER ADJUSTMENTS (SPECIFY)					
42	OTHER ADJUSTMENTS (SPECIFY)					
43	OTHER ADJUSTMENTS (SPECIFY)					
44	OTHER ADJUSTMENTS (SPECIFY)					
45	OTHER ADJUSTMENTS (SPECIFY)					
46	OTHER ADJUSTMENTS (SPECIFY)					
47	OTHER ADJUSTMENTS (SPECIFY)					
48	OTHER ADJUSTMENTS (SPECIFY)					
49	OTHER ADJUSTMENTS (SPECIFY)					
50	TOTAL (SUM OF LINES 1 THRU 49)		-16,185,715			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1 6	ADMINISTRATIVE & GENERAL	AUTO INSURANCE		9,986	-9,986	
2 6	ADMINISTRATIVE & GENERAL	PROPERTY INSURANCE		60,262	-60,262	
3 6	ADMINISTRATIVE & GENERAL	MALPRACTICE INSURANCE		73,037	-73,037	
4 23	I&R SERVICES-OTHER PRGM C	MALPRACTICE INSURANCE		914,362	-914,362	
4.01 43	1 STRAUSS ONCOLOGY	MALPRACTICE INSURANCE		37,667	-37,667	
4.02 98	PHYSICIANS' PRIVATE OFFIC	MALPRACTICE INSURANCE		204,602	-204,602	
4.03 5	EMPLOYEE BENEFITS	WORKERS COMP		536,829	-536,829	
4.04 6	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE		7,566,843	-7,566,843	
4.05 6	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE		2,205,315	-2,205,315	
4.06 3	NEW CAP REL COSTS-BLDG &	DIRECT ALLOC.-INSURANCE	43,625		43,625	12
4.07 4	NEW CAP REL COSTS-MVBLE E	DIRECT ALLOC.-INSURANCE	7,496		7,496	12
4.08 6	ADMINISTRATIVE & GENERAL	DIRECT ALLOC.-PROF. LIABI	663,853		663,853	
4.09 5	EMPLOYEE BENEFITS	DIRECT ALLOC.-WORKERS COM	380,274		380,274	
4.10 3	NEW CAP REL COSTS-BLDG &	DIRECT ALLOC.-INTEREST EX	2,667,263		2,667,263	11
4.11 4	NEW CAP REL COSTS-MVBLE E	DIRECT ALLOC.-INTEREST EX	957,009		957,009	11
4.12 6	ADMINISTRATIVE & GENERAL	DIRECT ALLOC.-INTEREST EX	269,587		269,587	
4.13 6	ADMINISTRATIVE & GENERAL	DIRECT ALLOC.-PROJECT EXP	32,350		32,350	
4.14 6	ADMINISTRATIVE & GENERAL	FUNCTIONAL ALLOCATION	262,603		262,603	
4.15 6	ADMINISTRATIVE & GENERAL	POOLED ALLOC.-MGMT FEES	1,563,817		1,563,817	
4.16 44	LABORATORY	GENESIS LAB	1,077,865	1,214,058	-136,193	
5	TOTALS		7,925,742	12,822,961	-4,897,219	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1 C		0.00	VANGUARD	100.00	HEALTHCARE
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:

I PERIOD:

I PREPARED 10/23/2008

I 14-0082

I FROM 6/ 1/2007

I WORKSHEET A-8-2

I

I TO 5/31/2008

I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 23		417,499	53,153	364,346	177,200	10,205	869,388	43,469
2 25		14,775		14,775	177,200	69	5,878	294
3 26		10,775		10,775	177,200	333	28,369	1,418
4 31		173,469	27,263	146,206	177,200	2,070	176,348	8,817
5 31 1		36,000		36,000	154,100	240	17,781	889
6 37		167,009	16,148	150,861	208,000	1,173	117,300	5,865
7 40		200,000	200,000					
8 41		302,838	252,833	50,005	225,300	372	40,294	2,015
9 61		582,422	582,422					
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,904,787	1,131,819	772,968		14,462	1,255,358	62,767

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 23						869,388		53,153
2 25						5,878	8,897	8,897
3 26						28,369		
4 31						176,348		27,263
5 31 1						17,781	18,219	18,219
6 37						117,300	33,561	49,709
7 40								200,000
8 41						40,294	9,711	262,544
9 61								582,422
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					1,255,358	70,388	1,202,207

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 10/23/2008
 I 14-0082 I FROM 6/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 5/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	4	SQUARE	FEET	NOT ENTERED
7.01	BIOMEDICAL ENGINEERING	1	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	POUNDS		ENTERED
10	HOUSEKEEPING	1	SQUARE	FEET	ENTERED
11	DIETARY	7	MEALS	SERVED	ENTERED
12	CAFETERIA	8	FTEs		ENTERED
13	MAINTENANCE OF PERSONNEL	4	SQUARE	FEET	NOT ENTERED
14	NURSING ADMINISTRATION	10	DIRECT	NURSING HO	ENTERED
15	CENTRAL SERVICES & SUPPLY	11	COSTED	REQUISITIO	ENTERED
16	PHARMACY	12	COSTED	REQUISITIO	ENTERED
17	MEDICAL RECORDS & LIBRARY	13	GROSS REVE	NUE	ENTERED
18	SOCIAL SERVICE	18	PATIENT	DAYS	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	22	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 5a.00
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &	5,311,082			5,311,082			
004	NEW CAP REL COSTS-MVBLE E	6,428,699				6,428,699		
005	EMPLOYEE BENEFITS	3,893,495			7,028	8,506	3,909,029	
006	ADMINISTRATIVE & GENERAL	12,917,335			647,839	784,165	571,094	14,920,433
007	MAINTENANCE & REPAIRS							
007 01	BIOMEDICAL ENGINEERING	735,537			21,067	25,501		782,105
008	OPERATION OF PLANT	4,273,248			712,745	862,729	117,805	5,966,527
009	LAUNDRY & LINEN SERVICE	365,828			42,850	51,866		460,544
010	HOUSEKEEPING	1,055,021			46,105	55,807	62,543	1,219,476
011	DIETARY	1,535,751			97,473	117,984	78,015	1,829,223
012	CAFETERIA				49,071	59,397		108,468
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	672,730			5,324	6,444	53,105	737,603
015	CENTRAL SERVICES & SUPPLY	1,435,221			51,398	62,214	53,978	1,602,811
016	PHARMACY	2,333,949			18,481	22,371	98,260	2,473,061
017	MEDICAL RECORDS & LIBRARY	1,267,111			43,854	53,082	88,816	1,452,863
018	SOCIAL SERVICE	75,760					6,100	81,860
022	I&R SERVICES-SALARY & FRI	2,408,966					210,917	2,619,883
023	I&R SERVICES-OTHER PRGM C	1,279,052			161,891	195,958		1,636,901
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	8,674,824			748,645	906,180	640,753	10,970,402
026	INTENSIVE CARE UNIT	3,799,618			178,654	216,248	251,187	4,445,707
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER	1,729,820			149,312	180,732	99,046	2,158,910
031 01	SUBPROVIDER II	1,051,858			77,059	93,275	72,795	1,294,987
033	NURSERY	252,502			532	644	16,968	270,646
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	10,180,254			469,809	568,672	271,647	11,490,382
037 01	G.I. LAB	686,754			54,562	66,044	40,764	848,124
039	DELIVERY ROOM & LABOR ROO	62,203			1,506	1,823	99	65,631
040	ANESTHESIOLOGY	141,391			6,008	7,273	11,900	166,572
041	RADIOLOGY-DIAGNOSTIC	2,141,777			198,398	240,147	136,278	2,716,600
041 02	ULTRASOUND	243,925			2,601	3,148	17,850	267,524
041 03	CT SCANS	584,843			13,675	16,552	31,697	646,767
042	RADIOLOGY-THERAPEUTIC	444,133			45,283	54,812	17,010	561,238
043	RADIOISOTOPE	522,970			55,992	67,774	25,485	672,221
043 01	STRAUSS ONCOLOGY	3,674,468			87,342	105,721	60,801	3,928,332
044	LABORATORY	3,076,082			69,697	84,364	117,054	3,347,197
047	BLOOD STORING, PROCESSING	1,129,580			3,331	4,032		1,136,943
049	RESPIRATORY THERAPY	1,090,772			18,086	21,892	82,876	1,213,626
050	PHYSICAL THERAPY	1,660,392			54,471	65,933	112,054	1,892,850
050 01	AUDIOLOGY	37,074					2,923	39,997
050 02	SCHWAB PHYSICAL THERAPY							
053	ELECTROCARDIOLOGY	1,841,091			148,460	179,701	73,841	2,243,093
054	ELECTROENCEPHALOGRAPHY	55,102			11,256	13,625	4,489	84,472
055	MEDICAL SUPPLIES CHARGED	4,480,278						4,480,278
056	DRUGS CHARGED TO PATIENTS	2,803,503						2,803,503
058 01	RENAL	320,354						320,354
059	WOUND CARE	577,920			40,370	48,865	11,389	678,544
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	1,090,429			103,983	125,864	76,731	1,397,007
060 01	PROSTATE CENTER							
060 02	SPINE CENTER							
061	EMERGENCY	2,409,082			180,266	218,200	166,726	2,974,274
062	OBSERVATION BEDS (NON-DIS							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	100,751,784			4,624,424	5,597,545	3,682,996	99,007,939
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC	3,380,262			575,009	696,009	191,922	4,843,202
100	PHYSICIAN ASSISTANTS	105,229					7,605	112,834
100 01	DEVELOPMENT				4,715	5,708	26,506	36,929
100 02	CORPORATE COMPLIANCE							
100 03	MARKETING	1,127,014						1,127,014
100 04	MID-WIVES							
100 05	VACANT SPACE				59,947	72,562		132,509
100 06	LAKEFRONT MEDICAL GROUP				46,987	56,875		103,862
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	105,364,289			5,311,082	6,428,699	3,909,029	105,364,289

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL ENGINEERING	EN OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		6	7	7.01	8	9	10	11
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL	14,920,433						
007	MAINTENANCE & REPAIRS							
007	01 BIOMEDICAL ENGINEERING	129,023		911,128				
008	OPERATION OF PLANT	984,292		140,104	7,090,923			
009	LAUNDRY & LINEN SERVICE	75,975		8,423	77,464	622,406		
010	HOUSEKEEPING	201,176		9,063	83,348		1,513,063	
011	DIETARY	301,765		19,160	176,211		38,472	2,364,831
012	CAFETERIA	17,894		9,646	88,710		19,368	1,116,773
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	121,682		1,047	9,625		2,101	
015	CENTRAL SERVICES & SUPPLY	264,414		10,103	92,918		20,287	
016	PHARMACY	407,978		3,633	33,411		7,295	
017	MEDICAL RECORDS & LIBRARY	239,677		8,620	79,278		17,309	
018	SOCIAL SERVICE	13,504						
022	I&R SERVICES-SALARY & FRI	432,199						
023	I&R SERVICES-OTHER PRGM C	270,038						
	INPAT ROUTINE SRVC CNTRS			31,823	292,667		63,899	
025	ADULTS & PEDIATRICS	1,809,776		147,160	1,353,400	258,545	295,490	645,782
026	INTENSIVE CARE UNIT	733,404		35,118	322,971	84,460	70,515	132,193
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER	356,153		29,350	269,926	56,515	58,933	114,018
031	01 SUBPROVIDER II	213,633		15,147	139,308	18,922	30,415	73,245
033	NURSERY	44,648		105	962		210	
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	1,895,559		92,350	849,321	71,452	185,434	
037	01 G.I. LAB	139,914		10,725	98,637	10,145	21,536	
039	DELIVERY ROOM & LABOR ROO	10,827		296	2,722		594	
040	ANESTHESIOLOGY	27,479		1,181	10,862		2,372	
041	RADIOLOGY-DIAGNOSTIC	448,155		38,999	358,664	50,913	78,308	
041	02 ULTRASOUND	44,133		511	4,702		1,027	
041	03 CT SCANS	106,697		2,688	24,721		5,397	
042	RADIOLOGY-THERAPEUTIC	92,587		8,901	81,863	5,104	17,873	
043	RADIOISOTOPE	110,896		11,006	101,222	5,104	22,100	
043	01 STRAUSS ONCOLOGY	648,053		17,169	157,897	5,104	34,474	
044	LABORATORY	552,184		13,700	125,999		27,509	
047	BLOOD STORING, PROCESSING	187,560		655	6,022		1,315	
049	RESPIRATORY THERAPY	200,211		3,555	32,696		7,139	
050	PHYSICAL THERAPY	312,262		10,707	98,472		21,500	
050	01 AUDIOLOGY	6,598						
050	02 SCHWAB PHYSICAL THERAPY							
053	ELECTROCARDIOLOGY	370,041		29,183	268,386	5,104	58,597	
054	ELECTROENCEPHALOGRAPHY	13,935		2,213	20,349	5,104	4,443	
055	MEDICAL SUPPLIES CHARGED	739,107						
056	DRUGS CHARGED TO PATIENTS	462,491						
058	01 RENAL	52,848						
059	WOUND CARE	111,939		7,936	72,981		15,934	
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	230,463		20,440	187,980	10,332	41,042	
060	01 PROSTATE CENTER							
060	02 SPINE CENTER							
061	EMERGENCY	490,663		35,435	325,886	33,112	71,151	
062	OBSERVATION BEDS (NON-DIS							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	13,871,833		776,152	5,849,581	619,916	1,242,039	2,082,011
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC	798,978		113,029	1,039,502	2,490	226,956	273,714
100	PHYSICIAN ASSISTANTS	18,614						
100	01 DEVELOPMENT	6,092		927	8,525		1,861	
100	02 CORPORATE COMPLIANCE							
100	03 MARKETING	185,922						9,106
100	04 MID-WIVES							
100	05 VACANT SPACE	21,860		11,784	108,372		23,661	
100	06 LAKEFRONT MEDICAL GROUP	17,134		9,236	84,943		18,546	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	14,920,433		911,128	7,090,923	622,406	1,513,063	2,364,831

Health Financial Systems		MCRIF32	FOR LOUIS A. WEISS MEMORIAL HOSPITAL		IN LIEU OF FORM CMS-2552-96(9/1997)CONTD			
COST ALLOCATION - GENERAL SERVICE COSTS			I PROVIDER NO:	I PERIOD:	I PREPARED 10/23/2008			
			I 14-0082	I FROM 6/ 1/2007	I WORKSHEET B			
			I	I TO 5/31/2008	I PART I			
COST CENTER DESCRIPTION		CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
		12	13	14	15	16	17	18
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
007	01 BIOMEDICAL ENGINEERING							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA	1,360,859						
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	16,972		889,030				
015	CENTRAL SERVICES & SUPPLY	32,723			2,023,256			
016	PHARMACY	38,335				2,963,713		
017	MEDICAL RECORDS & LIBRARY	55,194					1,852,941	
018	SOCIAL SERVICE	2,987						98,351
022	I&R SERVICES-SALARY & FRI	107,355						
023	I&R SERVICES-OTHER PRGM C							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	306,725		335,942			230,939	65,579
026	INTENSIVE CARE UNIT	99,752		109,250			76,657	13,424
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER	47,047		51,520			26,334	11,579
031	01 SUBPROVIDER II	33,107		36,261			20,545	7,438
033	NURSERY	2,897		3,163			489	331
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	97,534		106,815			243,008	
037	01 G.I. LAB	17,289		18,926			22,842	
039	DELIVERY ROOM & LABOR ROO	1,629		1,773			1,366	
040	ANESTHESIOLOGY	6,087		6,677			22,530	
041	RADIOLOGY-DIAGNOSTIC	55,646					77,509	
041	02 ULTRASOUND	4,843					13,328	
041	03 CT SCANS	10,862					77,667	
042	RADIOLOGY-THERAPEUTIC	5,816					19,582	
043	RADIOISOTOPE	8,871		9,709			12,937	
043	01 STRAUSS ONCOLOGY	19,710		10,421			118,484	
044	LABORATORY	64,630					206,339	
047	BLOOD STORING, PROCESSING						22,190	
049	RESPIRATORY THERAPY	35,099		38,438			40,274	
050	PHYSICAL THERAPY	50,328					38,646	
050	01 AUDIOLOGY	1,131					478	
050	02 SCHWAB PHYSICAL THERAPY							
053	ELECTROCARDIOLOGY	28,491		31,195			89,629	
054	ELECTROENCEPHALOGRAPHY	2,172		2,369			814	
055	MEDICAL SUPPLIES CHARGED				2,023,256		162,625	
056	DRUGS CHARGED TO PATIENTS			41,977		2,963,713	174,876	
058	01 RENAL						5,495	
059	WOUND CARE	12,876					11,832	
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	35,664					12,818	
060	01 PROSTATE CENTER							
060	02 SPINE CENTER							
061	EMERGENCY	77,235		84,594			122,708	
062	OBSERVATION BEDS (NON-DIS							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	1,279,007		889,030	2,023,256	2,963,713	1,852,941	98,351
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC	73,298						
100	PHYSICIAN ASSISTANTS	2,331						
100	01 DEVELOPMENT							
100	02 CORPORATE COMPLIANCE							
100	03 MARKETING	6,223						
100	04 MID-WIVES							
100	05 VACANT SPACE							
100	06 LAKEFRONT MEDICAL GROUP							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	1,360,859		889,030	2,023,256	2,963,713	1,852,941	98,351

COST CENTER DESCRIPTION		I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
		22	23	25	26	27
001	GENERAL SERVICE COST CNTR					
002	OLD CAP REL COSTS-BLDG &					
003	OLD CAP REL COSTS-MVBLE E					
004	NEW CAP REL COSTS-BLDG &					
005	NEW CAP REL COSTS-MVBLE E					
006	EMPLOYEE BENEFITS					
007	ADMINISTRATIVE & GENERAL					
007	MAINTENANCE & REPAIRS					
007	01 BIOMEDICAL ENGINEERING					
008	OPERATION OF PLANT					
009	LAUNDRY & LINEN SERVICE					
010	HOUSEKEEPING					
011	DIETARY					
012	CAFETERIA					
013	MAINTENANCE OF PERSONNEL					
014	NURSING ADMINISTRATION					
015	CENTRAL SERVICES & SUPPLY					
016	PHARMACY					
017	MEDICAL RECORDS & LIBRARY					
018	SOCIAL SERVICE					
022	I&R SERVICES-SALARY & FRI	3,159,437				
023	I&R SERVICES-OTHER PRGM C		2,295,328			
	INPAT ROUTINE SRVC CNTRS					
025	ADULTS & PEDIATRICS	2,445,546	1,776,687	20,641,973	-4,222,233	16,419,740
026	INTENSIVE CARE UNIT			6,123,451		6,123,451
027	CORONARY CARE UNIT					
028	BURN INTENSIVE CARE UNIT					
029	SURGICAL INTENSIVE CARE U					
031	SUBPROVIDER			3,180,285		3,180,285
031	01 SUBPROVIDER II			1,883,008		1,883,008
033	NURSERY			323,451		323,451
	ANCILLARY SRVC COST CNTRS					
037	OPERATING ROOM	425,810	309,350	15,767,015	-735,160	15,031,855
037	01 G.I. LAB			1,188,138		1,188,138
039	DELIVERY ROOM & LABOR ROO			84,838		84,838
040	ANESTHESIOLOGY	225,901	164,117	633,778	-390,018	243,760
041	RADIOLOGY-DIAGNOSTIC			3,824,794		3,824,794
041	02 ULTRASOUND			336,068		336,068
041	03 CT SCANS			874,799		874,799
042	RADIOLOGY-THERAPEUTIC			792,964		792,964
043	RADIOISOTOPE			954,066		954,066
043	01 STRAUSS ONCOLOGY			4,939,644		4,939,644
044	LABORATORY			4,337,558		4,337,558
047	BLOOD STORING, PROCESSING			1,354,685		1,354,685
049	RESPIRATORY THERAPY			1,571,038		1,571,038
050	PHYSICAL THERAPY	62,180	45,174	2,532,119	-107,354	2,424,765
050	01 AUDIOLOGY			48,204		48,204
050	02 SCHWAB PHYSICAL THERAPY					
053	ELECTROCARDIOLOGY			3,123,719		3,123,719
054	ELECTROENCEPHALOGRAPHY			135,871		135,871
055	MEDICAL SUPPLIES CHARGED			7,405,266		7,405,266
056	DRUGS CHARGED TO PATIENTS			6,446,560		6,446,560
058	01 RENAL			378,697		378,697
059	WOUND CARE			912,042		912,042
	OUTPAT SERVICE COST CNTRS					
060	CLINIC			1,935,746		1,935,746
060	01 PROSTATE CENTER					
060	02 SPINE CENTER					
061	EMERGENCY			4,215,058		4,215,058
062	OBSERVATION BEDS (NON-DIS					
	SPEC PURPOSE COST CENTERS					
095	SUBTOTALS	3,159,437	2,295,328	95,944,835	-5,454,765	90,490,070
	NONREIMBURS COST CENTERS					
096	GIFT, FLOWER, COFFEE SHOP					
098	PHYSICIANS' PRIVATE OFFIC			7,371,169		7,371,169
100	PHYSICIAN ASSISTANTS			133,779		133,779
100	01 DEVELOPMENT			54,334		54,334
100	02 CORPORATE COMPLIANCE					
100	03 MARKETING			1,328,265		1,328,265
100	04 MID-WIVES					
100	05 VACANT SPACE			298,186		298,186
100	06 LAKEFRONT MEDICAL GROUP			233,721		233,721
101	CROSS FOOT ADJUSTMENT					
102	NEGATIVE COST CENTER					
103	TOTAL	3,159,437	2,295,328	105,364,289	-5,454,765	99,909,524

COST CENTER DESCRIPTION		DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
		0	1	2	3	4	4a	5
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS				7,028	8,506	15,534	15,534
007	ADMINISTRATIVE & GENERAL				647,839	784,165	1,432,004	2,270
007	MAINTENANCE & REPAIRS							
007	01 BIOMEDICAL ENGINEERING				21,067	25,501	46,568	
008	OPERATION OF PLANT				712,745	862,729	1,575,474	468
009	LAUNDRY & LINEN SERVICE				42,850	51,866	94,716	
010	HOUSEKEEPING				46,105	55,807	101,912	249
011	DIETARY				97,473	117,984	215,457	310
012	CAFETERIA				49,071	59,397	108,468	
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION				5,324	6,444	11,768	211
015	CENTRAL SERVICES & SUPPLY				51,398	62,214	113,612	215
016	PHARMACY				18,481	22,371	40,852	391
017	MEDICAL RECORDS & LIBRARY				43,854	53,082	96,936	353
018	SOCIAL SERVICE							24
022	I&R SERVICES-SALARY & FRI							838
023	I&R SERVICES-OTHER PRGM C							
025	INPAT ROUTINE SRVC CNTRS				161,891	195,958	357,849	
026	ADULTS & PEDIATRICS							
026	INTENSIVE CARE UNIT				748,645	906,180	1,654,825	2,545
027	CORONARY CARE UNIT				178,654	216,248	394,902	998
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER				149,312	180,732	330,044	394
031	01 SUBPROVIDER II				77,059	93,275	170,334	289
033	NURSERY				532	644	1,176	67
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM				469,809	568,672	1,038,481	1,080
037	01 G.I. LAB				54,562	66,044	120,606	162
039	DELIVERY ROOM & LABOR ROO				1,506	1,823	3,329	
040	ANESTHESIOLOGY				6,008	7,273	13,281	47
041	RADIOLOGY-DIAGNOSTIC				198,398	240,147	438,545	542
041	02 ULTRASOUND				2,601	3,148	5,749	71
041	03 CT SCANS				13,675	16,552	30,227	126
042	RADIOLOGY-THERAPEUTIC				45,283	54,812	100,095	68
043	RADIOISOTOPE				55,992	67,774	123,766	101
043	01 STRAUSS ONCOLOGY				87,342	105,721	193,063	242
044	LABORATORY				69,697	84,364	154,061	465
047	BLOOD STORING, PROCESSING				3,331	4,032	7,363	
049	RESPIRATORY THERAPY				18,086	21,892	39,978	329
050	PHYSICAL THERAPY				54,471	65,933	120,404	445
050	01 AUDIOLOGY							12
050	02 SCHWAB PHYSICAL THERAPY							
053	ELECTROCARDIOLOGY				148,460	179,701	328,161	293
054	ELECTROENCEPHALOGRAPHY				11,256	13,625	24,881	18
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
058	01 RENAL							
059	WOUND CARE				40,370	48,865	89,235	45
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC				103,983	125,864	229,847	305
060	01 PROSTATE CENTER							
060	02 SPINE CENTER							
061	EMERGENCY				180,266	218,200	398,466	663
062	OBSERVATION BEDS (NON-DIS							
062	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS				4,624,424	5,597,545	10,221,969	14,636
096	NONREIMBURS COST CENTERS							
098	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC				575,009	696,009	1,271,018	763
100	PHYSICIAN ASSISTANTS							30
100	01 DEVELOPMENT				4,715	5,708	10,423	105
100	02 CORPORATE COMPLIANCE							
100	03 MARKETING							
100	04 MID-WIVES							
100	05 VACANT SPACE				59,947	72,562	132,509	
100	06 LAKEFRONT MEDICAL GROUP				46,987	56,875	103,862	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL				5,311,082	6,428,699	11,739,781	15,534

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL ENGINEERING	EN OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		6	7	7.01	8	9	10	11
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL	1,434,274						
007	MAINTENANCE & REPAIRS							
007	01 BIOMEDICAL ENGINEERING	12,403		58,971				
008	OPERATION OF PLANT	94,617		9,068	1,679,627			
009	LAUNDRY & LINEN SERVICE	7,303		545	18,349	120,913		
010	HOUSEKEEPING	19,338		587	19,743		141,829	
011	DIETARY	29,008		1,240	41,739		3,606	291,360
012	CAFETERIA	1,720		624	21,013		1,816	137,592
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	11,697		68	2,280			197
015	CENTRAL SERVICES & SUPPLY	25,417		654	22,009		1,902	
016	PHARMACY	39,218		235	7,914		684	
017	MEDICAL RECORDS & LIBRARY	23,040		558	18,779		1,622	
018	SOCIAL SERVICE	1,298						
022	I&R SERVICES-SALARY & FRI	41,546						
023	I&R SERVICES-OTHER PRGM C	25,958		2,060	69,324		5,990	
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	173,969		9,525	320,578	50,228	27,699	79,564
027	INTENSIVE CARE UNIT	70,500		2,273	76,502	16,408	6,610	16,287
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER	34,236		1,900	63,937	10,979	5,524	14,048
031	01 SUBPROVIDER II	20,536		980	32,998	3,676	2,851	9,024
033	NURSERY	4,292		7	228		20	
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	182,231		5,977	201,179	13,881	17,382	
037	01 G.I. LAB	13,450		694	23,364	1,971	2,019	
039	DELIVERY ROOM & LABOR ROO	1,041		19	645		56	
040	ANESTHESIOLOGY	2,641		76	2,573		222	
041	RADIOLOGY-DIAGNOSTIC	43,080		2,524	84,957	9,891	7,340	
041	02 ULTRASOUND	4,242		33	1,114		96	
041	03 CT SCANS	10,256		174	5,856		506	
042	RADIOLOGY-THERAPEUTIC	8,900		576	19,391	991	1,675	
043	RADIOISOTOPE	10,660		712	23,977	991	2,072	
043	01 STRAUSS ONCOLOGY	62,295		1,111	37,401	991	3,231	
044	LABORATORY	53,080		887	29,845		2,579	
047	BLOOD STORING, PROCESSING	18,030		42	1,426		123	
049	RESPIRATORY THERAPY	19,246		230	7,745		669	
050	PHYSICAL THERAPY	30,017		693	23,325		2,015	
050	01 AUDIOLOGY	634						
050	02 SCHWAB PHYSICAL THERAPY							
053	ELECTROCARDIOLOGY	35,571		1,889	63,573	991	5,493	
054	ELECTROENCEPHALOGRAPHY	1,340		143	4,820	991	416	
055	MEDICAL SUPPLIES CHARGED	71,048						
056	DRUGS CHARGED TO PATIENTS	44,458						
058	01 RENAL	5,080						
059	WOUND CARE	10,760		514	17,287		1,494	
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC	22,154		1,323	44,527	2,007	3,847	
060	01 PROSTATE CENTER							
060	02 SPINE CENTER							
061	EMERGENCY	47,166		2,293	77,193	6,433	6,669	
062	OBSERVATION BEDS (NON-DIS							
062	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	1,333,476		50,234	1,385,591	120,429	116,425	256,515
096	NONREIMBURS COST CENTERS							
098	GIFT, FLOWER, COFFEE SHOP							
100	PHYSICIANS' PRIVATE OFFIC	76,803		7,316	246,227	484	21,274	33,723
100	PHYSICIAN ASSISTANTS	1,789						
100	01 DEVELOPMENT	586		60	2,019		174	
100	02 CORPORATE COMPLIANCE							
100	03 MARKETING	17,872						1,122
100	04 MID-WIVES							
100	05 VACANT SPACE	2,101		763	25,670		2,218	
100	06 LAKEFRONT MEDICAL GROUP	1,647		598	20,120		1,738	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	1,434,274		58,971	1,679,627	120,913	141,829	291,360

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/23/2008
 I 14-0082 I FROM 6/ 1/2007 I WORKSHEET B
 I I TO 5/31/2008 I PART III

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
007 01 MAINTENANCE & REPAIRS							
008 01 BIOMEDICAL ENGINEERING							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
012 CAFETERIA	271,233						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	3,383		29,604				
015 CENTRAL SERVICES & SUPPLY	6,522			170,331			
016 PHARMACY	7,640				96,934		
017 MEDICAL RECORDS & LIBRARY	11,001					152,289	
018 SOCIAL SERVICE	595						1,917
022 I&R SERVICES-SALARY & FRI	21,397						
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	61,132		11,187			18,979	1,278
026 INTENSIVE CARE UNIT	19,882		3,638			6,300	262
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	9,377		1,716			2,164	226
031 01 SUBPROVIDER II	6,599		1,207			1,688	145
033 NURSERY	577		105			40	6
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	19,440		3,557			19,984	
039 G.I. LAB	3,446		630			1,877	
040 DELIVERY ROOM & LABOR ROO	325		59			112	
041 ANESTHESIOLOGY	1,213		222			1,852	
041 02 RADIOLOGY-DIAGNOSTIC	11,091					6,370	
041 03 ULTRASOUND	965					1,095	
042 CT SCANS	2,165					6,383	
042 RADIOLOGY-THERAPEUTIC	1,159					1,609	
043 RADIOISOTOPE	1,768		323			1,063	
043 01 STRAUSS ONCOLOGY	3,928		347			9,737	
044 LABORATORY	12,881					16,957	
047 BLOOD STORING, PROCESSING						1,824	
049 RESPIRATORY THERAPY	6,996		1,280			3,310	
050 PHYSICAL THERAPY	10,031					3,176	
050 01 AUDIOLOGY	226					39	
050 02 SCHWAB PHYSICAL THERAPY							
053 ELECTROCARDIOLOGY	5,679		1,039			7,366	
054 ELECTROENCEPHALOGRAPHY	433		79			67	
055 MEDICAL SUPPLIES CHARGED				170,331		13,365	
056 DRUGS CHARGED TO PATIENTS			1,398		96,934	14,371	
058 01 RENAL						452	
059 WOUND CARE	2,566					972	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	7,108					1,053	
060 02 PROSTATE CENTER							
061 SPINE CENTER							
061 EMERGENCY	15,394		2,817			10,084	
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	254,919		29,604	170,331	96,934	152,289	1,917
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC	14,609						
100 PHYSICIAN ASSISTANTS	465						
100 01 DEVELOPMENT							
100 02 CORPORATE COMPLIANCE							
100 03 MARKETING	1,240						
100 04 MID-WIVES							
100 05 VACANT SPACE							
100 06 LAKEFRONT MEDICAL GROUP							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	271,233		29,604	170,331	96,934	152,289	1,917

COST CENTER DESCRIPTION		I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		22	23	25	26	27
001	GENERAL SERVICE COST CNTR					
002	OLD CAP REL COSTS-BLDG &					
003	OLD CAP REL COSTS-MVBLE E					
004	NEW CAP REL COSTS-BLDG &					
005	NEW CAP REL COSTS-MVBLE E					
006	EMPLOYEE BENEFITS					
007	ADMINISTRATIVE & GENERAL					
007	MAINTENANCE & REPAIRS					
008	01 BIOMEDICAL ENGINEERING					
009	OPERATION OF PLANT					
010	LAUNDRY & LINEN SERVICE					
011	HOUSEKEEPING					
012	DIETARY					
013	CAFETERIA					
014	MAINTENANCE OF PERSONNEL					
015	NURSING ADMINISTRATION					
016	CENTRAL SERVICES & SUPPLY					
017	PHARMACY					
018	MEDICAL RECORDS & LIBRARY					
022	SOCIAL SERVICE					
023	I&R SERVICES-SALARY & FRI	63,781				
023	I&R SERVICES-OTHER PRGM C		461,181			
025	INPAT ROUTINE SRVC CNTRS			2,411,509		2,411,509
026	ADULTS & PEDIATRICS			614,562		614,562
027	INTENSIVE CARE UNIT					
028	CORONARY CARE UNIT					
029	BURN INTENSIVE CARE UNIT					
031	SURGICAL INTENSIVE CARE U					
031	SUBPROVIDER			474,545		474,545
031	01 SUBPROVIDER II			250,327		250,327
033	NURSERY			6,518		6,518
037	ANCILLARY SRVC COST CNTRS					
037	OPERATING ROOM			1,503,192		1,503,192
039	01 G.I. LAB			168,219		168,219
040	DELIVERY ROOM & LABOR ROO			5,586		5,586
041	ANESTHESIOLOGY			22,127		22,127
041	RADIOLOGY-DIAGNOSTIC			604,340		604,340
041	02 ULTRASOUND			13,365		13,365
041	03 CT SCANS			55,693		55,693
042	RADIOLOGY-THERAPEUTIC			134,464		134,464
043	RADIOISOTOPE			165,433		165,433
043	01 STRAUSS ONCOLOGY			312,346		312,346
044	LABORATORY			270,755		270,755
047	BLOOD STORING, PROCESSING			28,808		28,808
049	RESPIRATORY THERAPY			79,783		79,783
050	PHYSICAL THERAPY			190,106		190,106
050	01 AUDIOLOGY			911		911
050	02 SCHWAB PHYSICAL THERAPY					
053	ELECTROCARDIOLOGY			450,055		450,055
054	ELECTROENCEPHALOGRAPHY			33,188		33,188
055	MEDICAL SUPPLIES CHARGED			254,744		254,744
056	DRUGS CHARGED TO PATIENTS			157,161		157,161
058	01 RENAL			5,532		5,532
059	WOUND CARE			122,873		122,873
060	OUTPAT SERVICE COST CNTRS					
060	CLINIC			312,171		312,171
060	01 PROSTATE CENTER					
060	02 SPINE CENTER					
061	EMERGENCY			567,178		567,178
062	OBSERVATION BEDS (NON-DIS					
095	SPEC PURPOSE COST CENTERS					
095	SUBTOTALS			9,215,491		9,215,491
096	NONREIMBURS COST CENTERS					
098	GIFT, FLOWER, COFFEE SHOP					
100	PHYSICIANS' PRIVATE OFFIC			1,672,217		1,672,217
100	PHYSICIAN ASSISTANTS			2,284		2,284
100	01 DEVELOPMENT			13,367		13,367
100	02 CORPORATE COMPLIANCE					
100	03 MARKETING			20,234		20,234
100	04 MID-WIVES					
100	05 VACANT SPACE			163,261		163,261
100	06 LAKEFRONT MEDICAL GROUP			127,965		127,965
101	CROSS FOOT ADJUSTMENTS	63,781	461,181	524,962		524,962
102	NEGATIVE COST CENTER					
103	TOTAL	63,781	461,181	11,739,781		11,739,781

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	RECONCIL- IATION
		(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(GROSS SALARIES)
		1	2	3	4	5	6a.00
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD	349,159					
003	OLD CAP REL COSTS-MVB		349,159				
004	NEW CAP REL COSTS-BLD			349,159			
005	NEW CAP REL COSTS-MVB				349,159		
006	EMPLOYEE BENEFITS	462	462	462	462	44,646,745	
007	ADMINISTRATIVE & GENE	42,590	42,590	42,590	42,590	6,522,687	-14,920,433
007	MAINTENANCE & REPAIRS						
007	01 BIOMEDICAL ENGINEERIN	1,385	1,385	1,385	1,385		
008	OPERATION OF PLANT	46,857	46,857	46,857	46,857	1,345,500	
009	LAUNDRY & LINEN SERVI	2,817	2,817	2,817	2,817		
010	HOUSEKEEPING	3,031	3,031	3,031	3,031	714,331	
011	DIETARY	6,408	6,408	6,408	6,408	891,039	
012	CAFETERIA	3,226	3,226	3,226	3,226		
013	MAINTENANCE OF PERSON						
014	NURSING ADMINISTRATIO	350	350	350	350	606,536	
015	CENTRAL SERVICES & SU	3,379	3,379	3,379	3,379	616,506	
016	PHARMACY	1,215	1,215	1,215	1,215	1,122,261	
017	MEDICAL RECORDS & LIB	2,883	2,883	2,883	2,883	1,014,400	
018	SOCIAL SERVICE					69,667	
022	I&R SERVICES-SALARY &					2,408,966	
023	I&R SERVICES-OTHER PR						
025	INPAT ROUTINE SRVC CN	10,643	10,643	10,643	10,643		
026	ADULTS & PEDIATRICS	49,217	49,217	49,217	49,217	7,318,505	
027	INTENSIVE CARE UNIT	11,745	11,745	11,745	11,745	2,868,907	
028	CORONARY CARE UNIT						
029	BURN INTENSIVE CARE U						
031	SURGICAL INTENSIVE CA						
031	SUBPROVIDER	9,816	9,816	9,816	9,816	1,131,244	
031	01 SUBPROVIDER II	5,066	5,066	5,066	5,066	831,418	
033	NURSERY	35	35	35	35	193,797	
037	ANCILLARY SRVC COST C						
037	OPERATING ROOM	30,886	30,886	30,886	30,886	3,102,586	
039	01 G.I. LAB	3,587	3,587	3,587	3,587	465,581	
040	DELIVERY ROOM & LABOR	99	99	99	99	1,126	
041	ANESTHESIOLOGY	395	395	395	395	135,913	
041	RADIOLOGY-DIAGNOSTIC	13,043	13,043	13,043	13,043	1,556,488	
041	02 ULTRASOUND	171	171	171	171	203,874	
041	03 CT SCANS	899	899	899	899	362,025	
042	RADIOLOGY-THERAPEUTIC	2,977	2,977	2,977	2,977	194,281	
043	RADIOISOTOPE	3,681	3,681	3,681	3,681	291,071	
043	01 STRAUSS ONCOLOGY	5,742	5,742	5,742	5,742	694,432	
044	LABORATORY	4,582	4,582	4,582	4,582	1,336,915	
047	BLOOD STORING, PROCES	219	219	219	219		
049	RESPIRATORY THERAPY	1,189	1,189	1,189	1,189	946,558	
050	PHYSICAL THERAPY	3,581	3,581	3,581	3,581	1,279,818	
050	01 AUDIOLOGY					33,380	
050	02 SCHWAB PHYSICAL THERA						
053	ELECTROCARDIOLOGY	9,760	9,760	9,760	9,760	843,368	
054	ELECTROENCEPHALOGRAPH	740	740	740	740	51,267	
055	MEDICAL SUPPLIES CHAR						
056	DRUGS CHARGED TO PATI						
058	01 RENAL						
059	WOUND CARE	2,654	2,654	2,654	2,654	130,075	
060	OUTPAT SERVICE COST C						
060	CLINIC	6,836	6,836	6,836	6,836	876,370	
060	01 PROSTATE CENTER						
060	02 SPINE CENTER						
061	EMERGENCY	11,851	11,851	11,851	11,851	1,904,247	
062	OBSERVATION BEDS (NON						
095	SPEC PURPOSE COST CEN						
095	SUBTOTALS	304,017	304,017	304,017	304,017	42,065,139	-14,920,433
096	NONREIMBURS COST CENT						
098	GIFT, FLOWER, COFFEE						
100	PHYSICIANS' PRIVATE O	37,802	37,802	37,802	37,802	2,192,014	
100	PHYSICIAN ASSISTANTS					86,855	
100	01 DEVELOPMENT	310	310	310	310	302,737	
100	02 CORPORATE COMPLIANCE						
100	03 MARKETING						
100	04 MID-WIVES						
100	05 VACANT SPACE	3,941	3,941	3,941	3,941		
100	06 LAKEFRONT MEDICAL GRO	3,089	3,089	3,089	3,089		
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED			5,311,082	6,428,699	3,909,029	
104	(WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER			15.211070		.087555	
104	(WRKSHT B, PT I)						
105	COST TO BE ALLOCATED				18.411953		
105	(WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER						
106	(WRKSHT B, PT II)						

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL ENGINEERING	EN OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		(ACCUM. COST 6	(SQUARE FEET 7	(SQUARE FEET 7.01	(SQUARE FEET 8	(POUNDS) 9	(SQUARE FEET 10	(MEALS SERVED 11	
	GENERAL SERVICE COST								
001	OLD CAP REL COSTS-BLD								
002	OLD CAP REL COSTS-MVB								
003	NEW CAP REL COSTS-BLD								
004	NEW CAP REL COSTS-MVB								
005	EMPLOYEE BENEFITS								
006	ADMINISTRATIVE & GENERAL	90,443,856							
007	MAINTENANCE & REPAIRS								
007 01	BIOMEDICAL ENGINEERING	782,105		304,722					
008	OPERATION OF PLANT	5,966,527		46,857	257,865				
009	LAUNDRY & LINEN SERVICE	460,544		2,817	2,817	587,686			
010	HOUSEKEEPING	1,219,476		3,031	3,031		252,017		
011	DIETARY	1,829,223		6,408	6,408		6,408	320,217	
012	CAFETERIA	108,468		3,226	3,226		3,226	151,220	
013	MAINTENANCE OF PERSON								
014	NURSING ADMINISTRATION	737,603		350	350		350		
015	CENTRAL SERVICES & SUPPLY	1,602,811		3,379	3,379		3,379		
016	PHARMACY	2,473,061		1,215	1,215		1,215		
017	MEDICAL RECORDS & LIBRARY	1,452,863		2,883	2,883		2,883		
018	SOCIAL SERVICE	81,860							
022	I&R SERVICES-SALARY & BENEFITS	2,619,883							
023	I&R SERVICES-OTHER PERSONNEL	1,636,901		10,643	10,643		10,643		
025	INPAT ROUTINE SERVICE CENTER								
026	ADULTS & PEDIATRICS	10,970,402		49,217	49,217	244,124	49,217	87,444	
026	INTENSIVE CARE UNIT	4,445,707		11,745	11,745	79,749	11,745	17,900	
027	CORONARY CARE UNIT								
028	BURN INTENSIVE CARE UNIT								
029	SURGICAL INTENSIVE CARE								
031	SUBPROVIDER	2,158,910		9,816	9,816	53,362	9,816	15,439	
031 01	SUBPROVIDER II	1,294,987		5,066	5,066	17,866	5,066	9,918	
033	NURSERY	270,646		35	35		35		
037	ANCILLARY SERVICE COST CENTER								
037 01	OPERATING ROOM	11,490,382		30,886	30,886	67,466	30,886		
037 01	G.I. LAB	848,124		3,587	3,587	9,579	3,587		
039	DELIVERY ROOM & LABOR	65,631		99	99		99		
040	ANESTHESIOLOGY	166,572		395	395		395		
041	RADIOLOGY-DIAGNOSTIC	2,716,600		13,043	13,043	48,073	13,043		
041 02	ULTRASOUND	267,524		171	171		171		
041 03	CT SCANS	646,767		899	899		899		
042	RADIOLOGY-THERAPEUTIC	561,238		2,977	2,977	4,819	2,977		
043	RADIOISOTOPE	672,221		3,681	3,681	4,819	3,681		
043 01	STRAUSS ONCOLOGY	3,928,332		5,742	5,742	4,819	5,742		
044	LABORATORY	3,347,197		4,582	4,582		4,582		
047	BLOOD STORING, PROCESSING	1,136,943		219	219		219		
049	RESPIRATORY THERAPY	1,213,626		1,189	1,189		1,189		
050	PHYSICAL THERAPY	1,892,850		3,581	3,581		3,581		
050 01	AUDIOLOGY	39,997							
050 02	SCHWAB PHYSICAL THERAPY								
053	ELECTROCARDIOLOGY	2,243,093		9,760	9,760	4,819	9,760		
054	ELECTROENCEPHALOGRAPHY	84,472		740	740	4,819	740		
055	MEDICAL SUPPLIES CHARGED TO PATIENT	4,480,278							
056	DRUGS CHARGED TO PATIENT	2,803,503							
058 01	RENAL	320,354							
059	WOUND CARE	678,544		2,654	2,654		2,654		
060	OUTPATIENT SERVICE COST CENTER								
060 01	CLINIC	1,397,007		6,836	6,836	9,756	6,836		
060 02	PROSTATE CENTER								
061	SPINE CENTER								
061	EMERGENCY	2,974,274		11,851	11,851	31,265	11,851		
062	OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)								
095	SUBTOTALS	84,087,506		259,580	212,723	585,335	206,875	281,921	
096	NONREIMBURSABLE COST CENTER								
096	GIFT, FLOWER, COFFEE								
098	PHYSICIANS' PRIVATE OFFICE	4,843,202		37,802	37,802	2,351	37,802	37,063	
100	PHYSICIAN ASSISTANTS	112,834							
100 01	DEVELOPMENT	36,929		310	310		310		
100 02	CORPORATE COMPLIANCE								
100 03	MARKETING	1,127,014						1,233	
100 04	MID-WIVES								
100 05	VACANT SPACE	132,509		3,941	3,941		3,941		
100 06	LAKEFRONT MEDICAL GROUP	103,862		3,089	3,089		3,089		
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	COST TO BE ALLOCATED (WORKSHEET B, PART I)	14,920,433		911,128	7,090,923	622,406	1,513,063	2,364,831	
104	UNIT COST MULTIPLIER (WORKSHEET B, PART I)	.164969		2.990030	27.498586	1.059079	6.003813	7.385089	
105	COST TO BE ALLOCATED (WORKSHEET B, PART II)								
106	UNIT COST MULTIPLIER (WORKSHEET B, PART II)								

	COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
		(FTES	(SQUARE)FEET	(DIRECT)NURSING HO	(COSTED)REQUISITIO	(COSTED)REQUISITIO	(GROSS REVE)NUE	(PATIENT)DAYS
		12	13	14	15	16	17	18
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENE							
007	MAINTENANCE & REPAIRS							
007	01 BIOMEDICAL ENGINEERIN							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA	60,136						
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO	750		746,075				
015	CENTRAL SERVICES & SU	1,446			4,480,278			
016	PHARMACY	1,694				2,803,503		
017	MEDICAL RECORDS & LIB	2,439					366,045,037	
018	SOCIAL SERVICE	132						37,790
022	I&R SERVICES-SALARY &	4,744						
023	I&R SERVICES-OTHER PR							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	13,554		281,924			45,622,183	25,198
026	INTENSIVE CARE UNIT	4,408		91,683			15,143,703	5,158
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE U							
029	SURGICAL INTENSIVE CA							
031	SUBPROVIDER	2,079		43,236			5,202,364	4,449
031	01 SUBPROVIDER II	1,463		30,430			4,058,726	2,858
033	NURSERY	128		2,654			96,525	127
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	4,310		89,639			48,001,639	
037	01 G.I. LAB	764		15,883			4,512,402	
039	DELIVERY ROOM & LABOR	72		1,488			269,861	
040	ANESTHESIOLOGY	269		5,603			4,450,830	
041	RADIOLOGY-DIAGNOSTIC	2,459					15,312,030	
041	02 ULTRASOUND	214					2,632,868	
041	03 CT SCANS	480					15,343,188	
042	RADIOLOGY-THERAPEUTIC	257					3,868,519	
043	RADIOISOTOPE	392		8,148			2,555,628	
043	01 STRAUSS ONCOLOGY	871		8,745			23,406,472	
044	LABORATORY	2,856					40,762,387	
047	BLOOD STORING, PROCES						4,383,730	
049	RESPIRATORY THERAPY	1,551		32,257			7,956,225	
050	PHYSICAL THERAPY	2,224					7,634,617	
050	01 AUDIOLOGY	50					94,485	
050	02 SCHWAB PHYSICAL THERA							
053	ELECTROCARDIOLOGY	1,259		26,179			17,706,299	
054	ELECTROENCEPHALOGRAPH	96		1,988			160,887	
055	MEDICAL SUPPLIES CHAR				4,480,278		32,126,583	
056	DRUGS CHARGED TO PATI			35,227		2,803,503	34,546,782	
058	01 RENAL						1,085,507	
059	WOUND CARE	569					2,337,332	
	OUTPAT SERVICE COST C							
060	CLINIC	1,576					2,532,214	
060	01 PROSTATE CENTER							
060	02 SPINE CENTER							
061	EMERGENCY	3,413		70,991			24,241,051	
062	OBSERVATION BEDS (NON							
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	56,519		746,075	4,480,278	2,803,503	366,045,037	37,790
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							
098	PHYSICIANS' PRIVATE O	3,239						
100	PHYSICIAN ASSISTANTS	103						
100	01 DEVELOPMENT							
100	02 CORPORATE COMPLIANCE							
100	03 MARKETING	275						
100	04 MID-WIVES							
100	05 VACANT SPACE							
100	06 LAKEFRONT MEDICAL GRO							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	1,360,859		889,030	2,023,256	2,963,713	1,852,941	98,351
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER				.451592		.005062	
	(WRKSHT B, PT I)	22.629689		1.191609		1.057146		2.602567
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							

	COST CENTER DESCRIPTION	CAFETERIA (FTES	MAINTENANCE F PERSONNEL (SQUARE FEET	NURSING ADMIN ISTRATION (DIRECT)NURSING HO	CENTRAL SERVI CES & SUPPLY (COSTED)REQUISITIO	PHARMACY (COSTED)REQUISITIO	MEDICAL RECOR DS & LIBRARY (GROSS REVE)NUE	SOCIAL SERVIC E (PATIENT)DAYS
107	COST TO BE ALLOCATED (WRKSHT B, PART III	12 271,233	13	14 29,604	15 170,331	16 96,934	17 152,289	18 1,917
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	4.510327		.039680	.038018	.034576	.000416	.050728

COST CENTER I&R SERVICES- I&R SERVICES-
 DESCRIPTION SALARY & FRI OTHER PRGM C
 (ASSIGNED (ASSIGNED
 TIME)TIME)

		22	23
001	GENERAL SERVICE COST		
002	OLD CAP REL COSTS-BLD		
003	OLD CAP REL COSTS-MVB		
004	NEW CAP REL COSTS-BLD		
005	NEW CAP REL COSTS-MVB		
006	EMPLOYEE BENEFITS		
007	ADMINISTRATIVE & GENE		
007	MAINTENANCE & REPAIRS		
007	01 BIOMEDICAL ENGINEERIN		
008	OPERATION OF PLANT		
009	LAUNDRY & LINEN SERVI		
010	HOUSEKEEPING		
011	DIETARY		
012	CAFETERIA		
013	MAINTENANCE OF PERSON		
014	NURSING ADMINISTRATIO		
015	CENTRAL SERVICES & SU		
016	PHARMACY		
017	MEDICAL RECORDS & LIB		
018	SOCIAL SERVICE		
022	I&R SERVICES-SALARY &	50,811	
023	I&R SERVICES-OTHER PR		50,811
025	INPAT ROUTINE SRVC CN		
026	ADULTS & PEDIATRICS	39,330	39,330
027	INTENSIVE CARE UNIT		
028	CORONARY CARE UNIT		
029	BURN INTENSIVE CARE U		
031	SURGICAL INTENSIVE CA		
031	SUBPROVIDER		
031	01 SUBPROVIDER II		
033	NURSERY		
037	ANCILLARY SRVC COST C		
037	OPERATING ROOM	6,848	6,848
039	01 G.I. LAB		
040	DELIVERY ROOM & LABOR		
041	ANESTHESIOLOGY	3,633	3,633
041	RADIOLOGY-DIAGNOSTIC		
041	02 ULTRASOUND		
041	03 CT SCANS		
042	RADIOLOGY-THERAPEUTIC		
043	RADIOISOTOPE		
043	01 STRAUSS ONCOLOGY		
044	LABORATORY		
047	BLOOD STORING, PROCES		
049	RESPIRATORY THERAPY		
050	PHYSICAL THERAPY	1,000	1,000
050	01 AUDIOLOGY		
050	02 SCHWAB PHYSICAL THERA		
053	ELECTROCARDIOLOGY		
054	ELECTROENCEPHALOGRAPH		
055	MEDICAL SUPPLIES CHAR		
056	DRUGS CHARGED TO PATI		
058	01 RENAL		
059	WOUND CARE		
060	OUTPAT SERVICE COST C		
060	CLINIC		
060	01 PROSTATE CENTER		
060	02 SPINE CENTER		
061	EMERGENCY		
062	OBSERVATION BEDS (NON		
	SPEC PURPOSE COST CEN		
095	SUBTOTALS	50,811	50,811
096	NONREIMBURS COST CENT		
098	GIFT, FLOWER, COFFEE		
100	PHYSICIANS' PRIVATE O		
100	PHYSICIAN ASSISTANTS		
100	01 DEVELOPMENT		
100	02 CORPORATE COMPLIANCE		
100	03 MARKETING		
100	04 MID-WIVES		
100	05 VACANT SPACE		
100	06 LAKEFRONT MEDICAL GRO		
101	CROSS FOOT ADJUSTMENT		
102	NEGATIVE COST CENTER		
103	COST TO BE ALLOCATED	3,159,437	2,295,328
	(PER WRKSHT B, PART		
104	UNIT COST MULTIPLIER		45.173840
	(WRKSHT B, PT I)	62.180178	
105	COST TO BE ALLOCATED		
	(PER WRKSHT B, PART		
106	UNIT COST MULTIPLIER		
	(WRKSHT B, PT II)		

Health Financial Systems MCRIF32 FOR LOUIS A. WEISS MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1997)CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 10/23/2008
 I 14-0082 I FROM 6/ 1/2007 I WORKSHEET B-1
 I I TO 5/31/2008 I

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C
		(ASSIGNED TIME	(ASSIGNED)TIME)
107	COST TO BE ALLOCATED	22 63,781	23 461,181
108	UNIT COST MULTIPLIER (WRKSH T B, PT III)	1.255260	9.076401

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 10/23/2008
 I 14-0082 I FROM 6/ 1/2007 I WORKSHEET C
 I I TO 5/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	45,622,183		45,622,183			
27	INTENSIVE CARE UNIT	15,143,703		15,143,703			
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	5,202,364		5,202,364			
31	01 SUBPROVIDER II	4,058,726		4,058,726			
33	NURSERY	96,525		96,525			
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	26,980,951	21,020,688	48,001,639	.313153	.313153	.313852
37	01 G.I. LAB	1,531,512	2,980,890	4,512,402	.263305	.263305	.263305
39	DELIVERY ROOM & LABOR ROO	255,088	14,773	269,861	.314377	.314377	.314377
40	ANESTHESIOLOGY	2,659,060	1,791,770	4,450,830	.054767	.054767	.054767
41	RADIOLOGY-DIAGNOSTIC	6,138,192	9,173,838	15,312,030	.249790	.249790	.250424
41	02 ULTRASOUND	790,118	1,842,750	2,632,868	.127643	.127643	.127643
41	03 CT SCANS	7,035,226	8,307,962	15,343,188	.057015	.057015	.057015
42	RADIOLOGY-THERAPEUTIC	1,277,360	2,591,159	3,868,519	.204979	.204979	.204979
43	RADIOISOTOPE	432,489	2,123,139	2,555,628	.373320	.373320	.373320
43	01 STRAUSS ONCOLOGY	955,988	22,450,484	23,406,472	.211038	.211038	.211038
44	LABORATORY	28,467,249	12,295,138	40,762,387	.106411	.106411	.106411
47	BLOOD STORING, PROCESSING	4,047,481	336,249	4,383,730	.309026	.309026	.309026
49	RESPIRATORY THERAPY	7,428,203	528,022	7,956,225	.197460	.197460	.197460
50	PHYSICAL THERAPY	6,042,986	1,591,631	7,634,617	.317601	.317601	.317601
50	01 AUDIOLOGY	2,043	92,442	94,485	.510176	.510176	.510176
50	02 SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	10,709,601	6,996,698	17,706,299	.176419	.176419	.176419
54	ELECTROENCEPHALOGRAPHY	126,413	34,474	160,887	.844512	.844512	.844512
55	MEDICAL SUPPLIES CHARGED	23,853,946	8,272,637	32,126,583	.230503	.230503	.230503
56	DRUGS CHARGED TO PATIENTS	28,268,919	6,277,863	34,546,782	.186604	.186604	.186604
58	01 RENAL	1,061,012	24,495	1,085,507	.348866	.348866	.348866
59	WOUND CARE	30,189	2,307,143	2,337,332	.390206	.390206	.390206
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,371,310	1,160,904	2,532,214	.764448	.764448	.764448
60	01 PROSTATE CENTER						
60	02 SPINE CENTER						
61	EMERGENCY	8,256,856	15,984,195	24,241,051	.173881	.173881	.173881
62	OBSERVATION BEDS (NON-DIS	47,704	1,390,475	1,438,179	.600043	.600043	.600043
101	OTHER REIMBURS COST CNTRS						
102	SUBTOTAL	237,893,397	129,589,819	367,483,216			
103	LESS OBSERVATION BEDS						
103	TOTAL	237,893,397	129,589,819	367,483,216			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	20,641,973		20,641,973	8,897	20,650,870
27	INTENSIVE CARE UNIT	6,123,451		6,123,451		6,123,451
28	CORONARY CARE UNIT					
29	BURN INTENSIVE CARE UNIT					
31	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	3,180,285		3,180,285		3,180,285
31	01 SUBPROVIDER II	1,883,008		1,883,008	18,219	1,901,227
33	NURSERY	323,451		323,451		323,451
37	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	15,767,015		15,767,015	33,561	15,800,576
37	01 G.I. LAB	1,188,138		1,188,138		1,188,138
39	DELIVERY ROOM & LABOR ROO	84,838		84,838		84,838
40	ANESTHESIOLOGY	633,778		633,778		633,778
41	RADIOLOGY-DIAGNOSTIC	3,824,794		3,824,794	9,711	3,834,505
41	02 ULTRASOUND	336,068		336,068		336,068
41	03 CT SCANS	874,799		874,799		874,799
42	RADIOLOGY-THERAPEUTIC	792,964		792,964		792,964
43	RADIOISOTOPE	954,066		954,066		954,066
43	01 STRAUSS ONCOLOGY	4,939,644		4,939,644		4,939,644
44	LABORATORY	4,337,558		4,337,558		4,337,558
47	BLOOD STORING, PROCESSING	1,354,685		1,354,685		1,354,685
49	RESPIRATORY THERAPY	1,571,038		1,571,038		1,571,038
50	PHYSICAL THERAPY	2,532,119		2,532,119		2,532,119
50	01 AUDIOLOGY	48,204		48,204		48,204
50	02 SCHWAB PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY	3,123,719		3,123,719		3,123,719
54	ELECTROENCEPHALOGRAPHY	135,871		135,871		135,871
55	MEDICAL SUPPLIES CHARGED	7,405,266		7,405,266		7,405,266
56	DRUGS CHARGED TO PATIENTS	6,446,560		6,446,560		6,446,560
58	01 RENAL	378,697		378,697		378,697
59	WOUND CARE	912,042		912,042		912,042
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,935,746		1,935,746		1,935,746
60	01 PROSTATE CENTER					
60	02 SPINE CENTER					
61	EMERGENCY	4,215,058		4,215,058		4,215,058
62	OBSERVATION BEDS (NON-DIS	862,969		862,969		862,969
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	96,807,804		96,807,804	70,388	96,878,192
102	LESS OBSERVATION BEDS	862,969		862,969		862,969
103	TOTAL	95,944,835		95,944,835	70,388	96,015,223

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 10/23/2008
I 14-0082 I FROM 6/ 1/2007 I WORKSHEET C
I I TO 5/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	45,622,183		45,622,183			
26	INTENSIVE CARE UNIT	15,143,703		15,143,703			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	5,202,364		5,202,364			
31 01	SUBPROVIDER II	4,058,726		4,058,726			
33	NURSERY	96,525		96,525			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	26,980,951	21,020,688	48,001,639	.328468	.328468	.329167
37 01	G.I. LAB	1,531,512	2,980,890	4,512,402	.263305	.263305	.263305
39	DELIVERY ROOM & LABOR ROO	255,088	14,773	269,861	.314377	.314377	.314377
40	ANESTHESIOLOGY	2,659,060	1,791,770	4,450,830	.142395	.142395	.142395
41	RADIOLOGY-DIAGNOSTIC	6,138,192	9,173,838	15,312,030	.249790	.249790	.250424
41 02	ULTRASOUND	790,118	1,842,750	2,632,868	.127643	.127643	.127643
41 03	CT SCANS	7,035,226	8,307,962	15,343,188	.057015	.057015	.057015
42	RADIOLOGY-THERAPEUTIC	1,277,360	2,591,159	3,868,519	.204979	.204979	.204979
43	RADIOISOTOPE	432,489	2,123,139	2,555,628	.373320	.373320	.373320
43 01	STRAUSS ONCOLOGY	955,988	22,450,484	23,406,472	.211038	.211038	.211038
44	LABORATORY	28,467,249	12,295,138	40,762,387	.106411	.106411	.106411
47	BLOOD STORING, PROCESSING	4,047,481	336,249	4,383,730	.309026	.309026	.309026
49	RESPIRATORY THERAPY	7,428,203	528,022	7,956,225	.197460	.197460	.197460
50	PHYSICAL THERAPY	6,042,986	1,591,631	7,634,617	.331663	.331663	.331663
50 01	AUDIOLOGY	2,043	92,442	94,485	.510176	.510176	.510176
50 02	SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	10,709,601	6,996,698	17,706,299	.176419	.176419	.176419
54	ELECTROENCEPHALOGRAPHY	126,413	34,474	160,887	.844512	.844512	.844512
55	MEDICAL SUPPLIES CHARGED	23,853,946	8,272,637	32,126,583	.230503	.230503	.230503
56	DRUGS CHARGED TO PATIENTS	28,268,919	6,277,863	34,546,782	.186604	.186604	.186604
58 01	RENAL	1,061,012	24,495	1,085,507	.348866	.348866	.348866
59	WOUND CARE	30,189	2,307,143	2,337,332	.390206	.390206	.390206
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,371,310	1,160,904	2,532,214	.764448	.764448	.764448
60 01	PROSTATE CENTER						
60 02	SPINE CENTER						
61	EMERGENCY	8,256,856	15,984,195	24,241,051	.173881	.173881	.173881
62	OBSERVATION BEDS (NON-DIS	47,704	1,390,475	1,438,179	.600043	.600043	.600043
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	237,893,397	129,589,819	367,483,216			
102	LESS OBSERVATION BEDS						
103	TOTAL	237,893,397	129,589,819	367,483,216			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	01 OPERATING ROOM	15,031,855	1,503,192	13,528,663			15,031,855
39	G.I. LAB	1,188,138	168,219	1,019,919			1,188,138
40	DELIVERY ROOM & LABOR ROO	84,838	5,586	79,252			84,838
41	ANESTHESIOLOGY	243,760	22,127	221,633			243,760
41	01 RADIOLOGY-DIAGNOSTIC	3,824,794	604,340	3,220,454			3,824,794
41	02 ULTRASOUND	336,068	13,365	322,703			336,068
41	03 CT SCANS	874,799	55,693	819,106			874,799
42	RADIOLOGY-THERAPEUTIC	792,964	134,464	658,500			792,964
43	RADIOISOTOPE	954,066	165,433	788,633			954,066
43	01 STRAUSS ONCOLOGY	4,939,644	312,346	4,627,298			4,939,644
44	LABORATORY	4,337,558	270,755	4,066,803			4,337,558
47	BLOOD STORING, PROCESSING	1,354,685	28,808	1,325,877			1,354,685
49	RESPIRATORY THERAPY	1,571,038	79,783	1,491,255			1,571,038
50	PHYSICAL THERAPY	2,424,765	190,106	2,234,659			2,424,765
50	01 AUDIOLOGY	48,204	911	47,293			48,204
50	02 SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	3,123,719	450,055	2,673,664			3,123,719
54	ELECTROENCEPHALOGRAPHY	135,871	33,188	102,683			135,871
55	MEDICAL SUPPLIES CHARGED	7,405,266	254,744	7,150,522			7,405,266
56	DRUGS CHARGED TO PATIENTS	6,446,560	157,161	6,289,399			6,446,560
58	01 RENAL	378,697	5,532	373,165			378,697
59	WOUND CARE	912,042	122,873	789,169			912,042
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,935,746	312,171	1,623,575			1,935,746
60	01 PROSTATE CENTER						
60	02 SPINE CENTER						
61	EMERGENCY	4,215,058	567,178	3,647,880			4,215,058
62	OBSERVATION BEDS (NON-DIS	862,969	126,673	736,296			862,969
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	63,423,104	5,584,703	57,838,401			63,423,104
102	LESS OBSERVATION BEDS	862,969	126,673	736,296			862,969
103	TOTAL	62,560,135	5,458,030	57,102,105			62,560,135

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	48,001,639	.313153	.313153
37 01	G.I. LAB	4,512,402	.263305	.263305
39	DELIVERY ROOM & LABOR ROO	269,861	.314377	.314377
40	ANESTHESIOLOGY	4,450,830	.054767	.054767
41	RADIOLOGY-DIAGNOSTIC	15,312,030	.249790	.249790
41 02	ULTRASOUND	2,632,868	.127643	.127643
41 03	CT SCANS	15,343,188	.057015	.057015
42	RADIOLOGY-THERAPEUTIC	3,868,519	.204979	.204979
43	RADIOISOTOPE	2,555,628	.373320	.373320
43 01	STRAUSS ONCOLOGY	23,406,472	.211038	.211038
44	LABORATORY	40,762,387	.106411	.106411
47	BLOOD STORING, PROCESSING	4,383,730	.309026	.309026
49	RESPIRATORY THERAPY	7,956,225	.197460	.197460
50	PHYSICAL THERAPY	7,634,617	.317601	.317601
50 01	AUDIOLOGY	94,485	.510176	.510176
50 02	SCHWAB PHYSICAL THERAPY			
53	ELECTROCARDIOLOGY	17,706,299	.176419	.176419
54	ELECTROENCEPHALOGRAPHY	160,887	.844512	.844512
55	MEDICAL SUPPLIES CHARGED	32,126,583	.230503	.230503
56	DRUGS CHARGED TO PATIENTS	34,546,782	.186604	.186604
58 01	RENAL	1,085,507	.348866	.348866
59	WOUND CARE	2,337,332	.390206	.390206
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,532,214	.764448	.764448
60 01	PROSTATE CENTER			
60 02	SPINE CENTER			
61	EMERGENCY	24,241,051	.173881	.173881
62	OBSERVATION BEDS (NON-DIS	1,438,179	.600043	.600043
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	297,359,715		
102	LESS OBSERVATION BEDS	1,438,179		
103	TOTAL	295,921,536		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	15,767,015	1,503,192	14,263,823			15,767,015
37	01 G.I. LAB	1,188,138	168,219	1,019,919			1,188,138
39	DELIVERY ROOM & LABOR ROO	84,838	5,586	79,252			84,838
40	ANESTHESIOLOGY	633,778	22,127	611,651			633,778
41	RADIOLOGY-DIAGNOSTIC	3,824,794	604,340	3,220,454			3,824,794
41	02 ULTRASOUND	336,068	13,365	322,703			336,068
41	03 CT SCANS	874,799	55,693	819,106			874,799
42	RADIOLOGY-THERAPEUTIC	792,964	134,464	658,500			792,964
43	RADIOISOTOPE	954,066	165,433	788,633			954,066
43	01 STRAUSS ONCOLOGY	4,939,644	312,346	4,627,298			4,939,644
44	LABORATORY	4,337,558	270,755	4,066,803			4,337,558
47	BLOOD STORING, PROCESSING	1,354,685	28,808	1,325,877			1,354,685
49	RESPIRATORY THERAPY	1,571,038	79,783	1,491,255			1,571,038
50	PHYSICAL THERAPY	2,532,119	190,106	2,342,013			2,532,119
50	01 AUDIOLOGY	48,204	911	47,293			48,204
50	02 SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	3,123,719	450,055	2,673,664			3,123,719
54	ELECTROENCEPHALOGRAPHY	135,871	33,188	102,683			135,871
55	MEDICAL SUPPLIES CHARGED	7,405,266	254,744	7,150,522			7,405,266
56	DRUGS CHARGED TO PATIENTS	6,446,560	157,161	6,289,399			6,446,560
58	01 RENAL	378,697	5,532	373,165			378,697
59	WOUND CARE	912,042	122,873	789,169			912,042
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,935,746	312,171	1,623,575			1,935,746
60	01 PROSTATE CENTER						
60	02 SPINE CENTER						
61	EMERGENCY	4,215,058	567,178	3,647,880			4,215,058
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	862,969	126,673	736,296			862,969
101	SUBTOTAL	64,655,636	5,584,703	59,070,933			64,655,636
102	LESS OBSERVATION BEDS	862,969	126,673	736,296			862,969
103	TOTAL	63,792,667	5,458,030	58,334,637			63,792,667

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	48,001,639	.328468	.328468
37 01	G.I. LAB	4,512,402	.263305	.263305
39	DELIVERY ROOM & LABOR ROO	269,861	.314377	.314377
40	ANESTHESIOLOGY	4,450,830	.142395	.142395
41	RADIOLOGY-DIAGNOSTIC	15,312,030	.249790	.249790
41 02	ULTRASOUND	2,632,868	.127643	.127643
41 03	CT SCANS	15,343,188	.057015	.057015
42	RADIOLOGY-THERAPEUTIC	3,868,519	.204979	.204979
43	RADIOISOTOPE	2,555,628	.373320	.373320
43 01	STRAUSS ONCOLOGY	23,406,472	.211038	.211038
44	LABORATORY	40,762,387	.106411	.106411
47	BLOOD STORING, PROCESSING	4,383,730	.309026	.309026
49	RESPIRATORY THERAPY	7,956,225	.197460	.197460
50	PHYSICAL THERAPY	7,634,617	.331663	.331663
50 01	AUDIOLOGY	94,485	.510176	.510176
50 02	SCHWAB PHYSICAL THERAPY			
53	ELECTROCARDIOLOGY	17,706,299	.176419	.176419
54	ELECTROENCEPHALOGRAPHY	160,887	.844512	.844512
55	MEDICAL SUPPLIES CHARGED	32,126,583	.230503	.230503
56	DRUGS CHARGED TO PATIENTS	34,546,782	.186604	.186604
58 01	RENAL	1,085,507	.348866	.348866
59	WOUND CARE	2,337,332	.390206	.390206
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,532,214	.764448	.764448
60 01	PROSTATE CENTER			
60 02	SPINE CENTER			
61	EMERGENCY	24,241,051	.173881	.173881
62	OBSERVATION BEDS (NON-DIS	1,438,179	.600043	.600043
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	297,359,715		
102	LESS OBSERVATION BEDS	1,438,179		
103	TOTAL	295,921,536		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	26,595	13,826			90.68	1,253,742
26	INTENSIVE CARE UNIT	5,158	2,742			119.15	326,709
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	4,449	3,009			106.66	320,940
31 01	SUBPROVIDER II	2,858	2,406			87.59	210,742
33	NURSERY	127				51.32	
101	TOTAL	39,187	21,983				2,112,133

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	OLD CAPITAL COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		1,503,192	48,001,639	14,233,992		
37	01 G.I. LAB		168,219	4,512,402	477,597		
39	DELIVERY ROOM & LABOR ROO		5,586	269,861			
40	ANESTHESIOLOGY		22,127	4,450,830	1,216,773		
41	RADIOLOGY-DIAGNOSTIC		604,340	15,312,030	3,477,133		
41	02 ULTRASOUND		13,365	2,632,868	607,012		
41	03 CT SCANS		55,693	15,343,188	3,471,551		
42	RADIOLOGY-THERAPEUTIC		134,464	3,868,519	798,441		
43	RADIOISOTOPE		165,433	2,555,628			
43	01 STRAUSS ONCOLOGY		312,346	23,406,472	1,387		
44	LABORATORY		270,755	40,762,387	16,095,615		
47	BLOOD STORING, PROCESSING		28,808	4,383,730	1,438,193		
49	RESPIRATORY THERAPY		79,783	7,956,225	3,896,714		
50	PHYSICAL THERAPY		190,106	7,634,617	1,344,915		
50	01 AUDIOLOGY		911	94,485			
50	02 SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY		450,055	17,706,299	5,572,025		
54	ELECTROENCEPHALOGRAPHY		33,188	160,887	118,350		
55	MEDICAL SUPPLIES CHARGED		254,744	32,126,583	12,411,994		
56	DRUGS CHARGED TO PATIENTS		157,161	34,546,782	14,337,087		
58	01 RENAL		5,532	1,085,507	452,509		
59	WOUND CARE		122,873	2,337,332			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		312,171	2,532,214	10,185		
60	01 PROSTATE CENTER						
60	02 SPINE CENTER						
61	EMERGENCY		567,178	24,241,051	2,604,981		
62	OBSERVATION BEDS (NON-DIS		126,673	1,438,179	16,902		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		5,584,703	297,359,715	82,583,356		

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.031315	445,737
37 01	G.I. LAB	.037279	17,804
39	DELIVERY ROOM & LABOR ROO	.020700	
40	ANESTHESIOLOGY	.004971	6,049
41	RADIOLOGY-DIAGNOSTIC	.039468	137,235
41 02	ULTRASOUND	.005076	3,081
41 03	CT SCANS	.003630	12,602
42	RADIOLOGY-THERAPEUTIC	.034759	27,753
43	RADIOISOTOPE	.064733	
43 01	STRAUSS ONCOLOGY	.013344	19
44	LABORATORY	.006642	106,907
47	BLOOD STORING, PROCESSING	.006572	9,452
49	RESPIRATORY THERAPY	.010028	39,076
50	PHYSICAL THERAPY	.024901	33,490
50 01	AUDIOLOGY	.009642	
50 02	SCHWAB PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY	.025418	141,630
54	ELECTROENCEPHALOGRAPHY	.206281	24,413
55	MEDICAL SUPPLIES CHARGED	.007929	98,415
56	DRUGS CHARGED TO PATIENTS	.004549	65,219
58 01	RENAL	.005096	2,306
59	WOUND CARE	.052570	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.123280	1,256
60 01	PROSTATE CENTER		
60 02	SPINE CENTER		
61	EMERGENCY	.023397	60,949
62	OBSERVATION BEDS (NON-DIS	.088079	1,489
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,234,882

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/23/2008
I	14-0082	I	FROM 6/ 1/2007	I	WORKSHEET D
I		I	TO 5/31/2008	I	PART III

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
LINE NO.		1	2	3	4	5	6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS					26,595	
27	INTENSIVE CARE UNIT					5,158	
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER					4,449	
31	01 SUBPROVIDER II					2,858	
33	NURSERY					127	
101	TOTAL					39,187	

Health Financial Systems	MCRIF32	FOR LOUIS A. WEISS MEMORIAL HOSPITAL	IN LIEU OF FORM CMS-2552-96(11/1998)
APPORTIONMENT OF INPATIENT ROUTINE		I PROVIDER NO:	I PERIOD:
SERVICE OTHER PASS THROUGH COSTS		I 14-0082	I FROM 6/ 1/2007
TITLE XVIII, PART A		I	I TO 5/31/2008
			I PREPARED 10/23/2008
			I WORKSHEET D
			I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	13,826	
26	INTENSIVE CARE UNIT	2,742	
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER	3,009	
31 01	SUBPROVIDER II	2,406	
33	NURSERY		
101	TOTAL	21,983	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37	01 G.I. LAB						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	02 ULTRASOUND						
41	03 CT SCANS						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 STRAUSS ONCOLOGY						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50	01 AUDIOLOGY						
50	02 SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	01 RENAL						
59	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PROSTATE CENTER						
60	02 SPINE CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			48,001,639			14,233,992	
37 01	G.I. LAB			4,512,402			477,597	
39	DELIVERY ROOM & LABOR ROO			269,861				
40	ANESTHESIOLOGY			4,450,830			1,216,773	
41	RADIOLOGY-DIAGNOSTIC			15,312,030			3,477,133	
41 02	ULTRASOUND			2,632,868			607,012	
41 03	CT SCANS			15,343,188			3,471,551	
42	RADIOLOGY-THERAPEUTIC			3,868,519			798,441	
43	RADIOISOTOPE			2,555,628				
43 01	STRAUSS ONCOLOGY			23,406,472			1,387	
44	LABORATORY			40,762,387			16,095,615	
47	BLOOD STORING, PROCESSING			4,383,730			1,438,193	
49	RESPIRATORY THERAPY			7,956,225			3,896,714	
50	PHYSICAL THERAPY			7,634,617			1,344,915	
50 01	AUDIOLOGY			94,485				
50 02	SCHWAB PHYSICAL THERAPY							
53	ELECTROCARDIOLOGY			17,706,299			5,572,025	
54	ELECTROENCEPHALOGRAPHY			160,887			118,350	
55	MEDICAL SUPPLIES CHARGED			32,126,583			12,411,994	
56	DRUGS CHARGED TO PATIENTS			34,546,782			14,337,087	
58 01	RENAL			1,085,507			452,509	
59	WOUND CARE			2,337,332				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			2,532,214			10,185	
60 01	PROSTATE CENTER							
60 02	SPINE CENTER							
61	EMERGENCY			24,241,051			2,604,981	
62	OBSERVATION BEDS (NON-DIS			1,438,179			16,902	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			297,359,715			82,583,356	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,676,229					
37 01	G.I. LAB	971,392					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	564,151					
41	RADIOLOGY-DIAGNOSTIC	6,636,734					
41 02	ULTRASOUND	577,892					
41 03	CT SCANS	3,936,732					
42	RADIOLOGY-THERAPEUTIC	1,169,060					
43	RADIOISOTOPE						
43 01	STRAUSS ONCOLOGY	11,797,066					
44	LABORATORY	969,187					
47	BLOOD STORING, PROCESSING	120,551					
49	RESPIRATORY THERAPY	42,348					
50	PHYSICAL THERAPY	356					
50 01	AUDIOLOGY	18,994					
50 02	SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	3,831,216					
54	ELECTROENCEPHALOGRAPHY	23,422					
55	MEDICAL SUPPLIES CHARGED	3,349,898					
56	DRUGS CHARGED TO PATIENTS	1,954,144					
58 01	RENAL	7,735					
59	WOUND CARE	144,315					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	272,474					
60 01	PROSTATE CENTER						
60 02	SPINE CENTER						
61	EMERGENCY	3,692,347					
62	OBSERVATION BEDS (NON-DIS	618,919					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	48,375,162					

TITLE XVIII, PART 8

HOSPITAL

Cost Center Description		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
		1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.313153	.313153			
37	01 G.I. LAB	.263305	.263305			
39	DELIVERY ROOM & LABOR ROOM	.314377	.314377			
40	ANESTHESIOLOGY	.054767	.054767			
41	RADIOLOGY-DIAGNOSTIC	.249790	.249790			
41	02 ULTRASOUND	.127643	.127643			
41	03 CT SCANS	.057015	.057015			
42	RADIOLOGY-THERAPEUTIC	.204979	.204979			
43	RADIOISOTOPE	.373320	.373320			
43	01 STRAUSS ONCOLOGY	.211038	.211038			
44	LABORATORY	.106411	.106411			
47	BLOOD STORING, PROCESSING & TRANS.	.309026	.309026			
49	RESPIRATORY THERAPY	.197460	.197460			
50	PHYSICAL THERAPY	.317601	.317601			
50	01 AUDIOLOGY	.510176	.510176			
50	02 SCHWAB PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY	.176419	.176419			
54	ELECTROENCEPHALOGRAPHY	.844512	.844512			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.230503	.230503			
56	DRUGS CHARGED TO PATIENTS	.186604	.186604			
58	01 RENAL	.348866	.348866			
59	WOUND CARE	.390206	.390206			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	.764448	.764448			
60	01 PROSTATE CENTER					
60	02 SPINE CENTER					
61	EMERGENCY	.173881	.173881			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.600043	.600043			
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		7,676,229			
37 01	G.I. LAB		971,392			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		564,151			
41	RADIOLOGY-DIAGNOSTIC		6,636,734			
41 02	ULTRASOUND		577,892			
41 03	CT SCANS		3,936,732			
42	RADIOLOGY-THERAPEUTIC		1,169,060			
43	RADIOISOTOPE					
43 01	STRAUSS ONCOLOGY		11,797,066			
44	LABORATORY		969,187			
47	BLOOD STORING, PROCESSING & TRANS.		120,551			
49	RESPIRATORY THERAPY		42,348			
50	PHYSICAL THERAPY		356			
50 01	AUDIOLOGY		18,994			
50 02	SCHWAB PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY		3,831,216			
54	ELECTROENCEPHALOGRAPHY		23,422			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,349,898			
56	DRUGS CHARGED TO PATIENTS		1,954,144			
58 01	RENAL		7,735			
59	WOUND CARE		144,315			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC		272,474			
60 01	PROSTATE CENTER					
60 02	SPINE CENTER					
61	EMERGENCY		3,692,347			
62	OBSERVATION BEDS (NON-DISTINCT PART)		618,919			
101	SUBTOTAL		48,375,162			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		48,375,162			

TITLE XVIII, PART 8

HOSPITAL

Cost Center Description		Outpatient Radiology	Other Outpatient Diagnostic	All other	PPS Services FYB to 12/31	Non-PPS Services
		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				2,403,834	
37	01 G.I. LAB				255,772	
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY				30,897	
41	RADIOLOGY-DIAGNOSTIC				1,657,790	
41	02 ULTRASOUND				73,764	
41	03 CT SCANS				224,453	
42	RADIOLOGY-THERAPEUTIC				239,633	
43	RADIOISOTOPE					
43	01 STRAUSS ONCOLOGY				2,489,629	
44	LABORATORY				103,132	
47	BLOOD STORING, PROCESSING & TRANS.				37,253	
49	RESPIRATORY THERAPY				8,362	
50	PHYSICAL THERAPY				113	
50	01 AUDIOLOGY				9,690	
50	02 SCHWAB PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY				675,899	
54	ELECTROENCEPHALOGRAPHY				19,780	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				772,162	
56	DRUGS CHARGED TO PATIENTS				364,651	
58	01 RENAL				2,698	
59	WOUND CARE				56,313	
	OUTPAT SERVICE COST CNTRS					
60	CLINIC				208,292	
60	01 PROSTATE CENTER					
60	02 SPINE CENTER					
61	EMERGENCY				642,029	
62	OBSERVATION BEDS (NON-DISTINCT PART)				371,378	
101	SUBTOTAL				10,647,524	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES				10,647,524	

Health Financial Systems MCRIF32 FOR LOUIS A. WEISS MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(05/2004) CONTD

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS	I PROVIDER NO:	I PERIOD:	I PREPARED 10/23/2008
	I 14-0082	I FROM 6/ 1/2007	I WORKSHEET D
	I COMPONENT NO:	I TO 5/31/2008	I PART V
	I 14-0082	I	I

TITLE XVIII, PART B

HOSPITAL

PPS Services
1/1 to FYE

Hospital I/P
Part B Charges

Hospital I/P
Part B Costs

Cost Center Description

9.03

10

11

(A) ANCILLARY SRVC COST CNTRS
37 OPERATING ROOM
37 01 G.I. LAB
39 DELIVERY ROOM & LABOR ROOM
40 ANESTHESIOLOGY
41 RADIOLOGY-DIAGNOSTIC
41 02 ULTRASOUND
41 03 CT SCANS
42 RADIOLOGY-THERAPEUTIC
43 RADIOISOTOPE
43 01 STRAUSS ONCOLOGY
44 LABORATORY
47 BLOOD STORING, PROCESSING & TRANS.
49 RESPIRATORY THERAPY
50 PHYSICAL THERAPY
50 01 AUDIOLOGY
50 02 SCHWAB PHYSICAL THERAPY
53 ELECTROCARDIOLOGY
54 ELECTROENCEPHALOGRAPHY
55 MEDICAL SUPPLIES CHARGED TO PATIENTS
56 DRUGS CHARGED TO PATIENTS
58 01 RENAL
59 WOUND CARE
 OUTPAT SERVICE COST CNTRS
60 CLINIC
60 01 PROSTATE CENTER
60 02 SPINE CENTER
61 EMERGENCY
62 OBSERVATION BEDS (NON-DISTINCT PART)
101 SUBTOTAL
102 CRNA CHARGES
103 LESS PBP CLINIC LAB SVCS-
 PROGRAM ONLY CHARGES
104 NET CHARGES

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/23/2008
 I 14-0082 I FROM 6/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 5/31/2008 I PART II
 I 14-T082 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		1,503,192	48,001,639	161,298		
37 01	G.I. LAB		168,219	4,512,402	3,120		
39	DELIVERY ROOM & LABOR ROO		5,586	269,861			
40	ANESTHESIOLOGY		22,127	4,450,830	4,752		
41	RADIOLOGY-DIAGNOSTIC		604,340	15,312,030	113,473		
41 02	ULTRASOUND		13,365	2,632,868	11,021		
41 03	CT SCANS		55,693	15,343,188	46,769		
42	RADIOLOGY-THERAPEUTIC		134,464	3,868,519			
43	RADIOISOTOPE		165,433	2,555,628			
43 01	STRAUSS ONCOLOGY		312,346	23,406,472			
44	LABORATORY		270,755	40,762,387	538,036		
47	BLOOD STORING, PROCESSING		28,808	4,383,730	29,374		
49	RESPIRATORY THERAPY		79,783	7,956,225	110,951		
50	PHYSICAL THERAPY		190,106	7,634,617	2,400,721		
50 01	AUDIOLOGY		911	94,485			
50 02	SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY		450,055	17,706,299	36,614		
54	ELECTROENCEPHALOGRAPHY		33,188	160,887	1,175		
55	MEDICAL SUPPLIES CHARGED		254,744	32,126,583	286,408		
56	DRUGS CHARGED TO PATIENTS		157,161	34,546,782	695,243		
58 01	RENAL		5,532	1,085,507	23,206		
59	WOUND CARE		122,873	2,337,332			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		312,171	2,532,214			
60 01	PROSTATE CENTER						
60 02	SPINE CENTER						
61	EMERGENCY		567,178	24,241,051	2,197		
62	OBSERVATION BEDS (NON-DIS		126,673	1,438,179			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		5,584,703	297,359,715	4,464,358		

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.031315	5,051
37 01	G.I. LAB	.037279	116
39	DELIVERY ROOM & LABOR ROO	.020700	
40	ANESTHESIOLOGY	.004971	24
41	RADIOLOGY-DIAGNOSTIC	.039468	4,479
41 02	ULTRASOUND	.005076	56
41 03	CT SCANS	.003630	170
42	RADIOLOGY-THERAPEUTIC	.034759	
43	RADIOISOTOPE	.064733	
43 01	STRAUSS ONCOLOGY	.013344	
44	LABORATORY	.006642	3,574
47	BLOOD STORING, PROCESSING	.006572	193
49	RESPIRATORY THERAPY	.010028	1,113
50	PHYSICAL THERAPY	.024901	59,780
50 01	AUDIOLOGY	.009642	
50 02	SCHWAB PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY	.025418	931
54	ELECTROENCEPHALOGRAPHY	.206281	242
55	MEDICAL SUPPLIES CHARGED	.007929	2,271
56	DRUGS CHARGED TO PATIENTS	.004549	3,163
58 01	RENAL	.005096	118
59	WOUND CARE	.052570	
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.123280	
60 01	PROSTATE CENTER		
60 02	SPINE CENTER		
61	EMERGENCY	.023397	51
62	OBSERVATION BEDS (NON-DIS	.088079	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		81,332

TITLE XVIII, PART A	SUBPROVIDER 1
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WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	G.I. LAB						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 02	ULTRASOUND						
41 03	CT SCANS						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43 01	STRAUSS ONCOLOGY						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50 01	AUDIOLOGY						
50 02	SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58 01	RENAL						
59	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PROSTATE CENTER						
60 02	SPINE CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

Health Financial Systems MCRIF32 FOR LOUIS A. WEISS MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 10/23/2008
 OTHER PASS THROUGH COSTS I 14-0082 I FROM 6/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 5/31/2008 I PART IV
 I 14-T082 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
37	01 OPERATING ROOM			48,001,639			161,298	
39	G.I. LAB			4,512,402			3,120	
40	DELIVERY ROOM & LABOR ROO			269,861				
41	ANESTHESIOLOGY			4,450,830			4,752	
41	02 RADIOLOGY-DIAGNOSTIC			15,312,030			113,473	
41	ULTRASOUND			2,632,868			11,021	
41	03 CT SCANS			15,343,188			46,769	
42	RADIOLOGY-THERAPEUTIC			3,868,519				
43	RADIOISOTOPE			2,555,628				
43	01 STRAUSS ONCOLOGY			23,406,472				
44	LABORATORY			40,762,387			538,036	
47	BLOOD STORING, PROCESSING			4,383,730			29,374	
49	RESPIRATORY THERAPY			7,956,225			110,951	
50	PHYSICAL THERAPY			7,634,617			2,400,721	
50	01 AUDIOLOGY			94,485				
50	02 SCHWAB PHYSICAL THERAPY							
53	ELECTROCARDIOLOGY			17,706,299			36,614	
54	ELECTROENCEPHALOGRAPHY			160,887			1,175	
55	MEDICAL SUPPLIES CHARGED			32,126,583			286,408	
56	DRUGS CHARGED TO PATIENTS			34,546,782			695,243	
58	01 RENAL			1,085,507			23,206	
59	WOUND CARE			2,337,332				
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			2,532,214				
60	01 PROSTATE CENTER							
60	02 SPINE CENTER							
61	EMERGENCY			24,241,051			2,197	
62	OBSERVATION BEDS (NON-DIS			1,438,179				
62	OTHER REIMBURS COST CNTRS							
101	TOTAL			297,359,715			4,464,358	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/23/2008
I 14-0082 I FROM 6/ 1/2007 I WORKSHEET D
I COMPONENT NO: I TO 5/31/2008 I PART IV
I 14-T082 I I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	279					
37 01	G.I. LAB						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	2,782					
41 02	ULTRASOUND						
41 03	CT SCANS	8,315					
42	RADIOLOGY-THERAPEUTIC	2,221					
43	RADIOISOTOPE						
43 01	STRAUSS ONCOLOGY						
44	LABORATORY	1,518					
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY	1,799					
50	PHYSICAL THERAPY						
50 01	AUDIOLOGY						
50 02	SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	997					
54	ELECTROENCEPHALOGRAPHY	392					
55	MEDICAL SUPPLIES CHARGED	228					
56	DRUGS CHARGED TO PATIENTS	504					
58 01	RENAL						
59	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	492					
60 01	PROSTATE CENTER						
60 02	SPINE CENTER						
61	EMERGENCY	988					
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	20,515					

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
		1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.313153	.313153			
37	01 G.I. LAB	.263305	.263305			
39	DELIVERY ROOM & LABOR ROOM	.314377	.314377			
40	ANESTHESIOLOGY	.054767	.054767			
41	RADIOLOGY-DIAGNOSTIC	.249790	.249790			
41	02 ULTRASOUND	.127643	.127643			
41	03 CT SCANS	.057015	.057015			
42	RADIOLOGY-THERAPEUTIC	.204979	.204979			
43	RADIOISOTOPE	.373320	.373320			
43	01 STRAUSS ONCOLOGY	.211038	.211038			
44	LABORATORY	.106411	.106411			
47	BLOOD STORING, PROCESSING & TRANS.	.309026	.309026			
49	RESPIRATORY THERAPY	.197460	.197460			
50	PHYSICAL THERAPY	.317601	.317601			
50	01 AUDIOLOGY	.510176	.510176			
50	02 SCHWAB PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY	.176419	.176419			
54	ELECTROENCEPHALOGRAPHY	.844512	.844512			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.230503	.230503			
56	DRUGS CHARGED TO PATIENTS	.186604	.186604			
58	01 RENAL	.348866	.348866			
59	WOUND CARE	.390206	.390206			
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC	.764448	.764448			
60	01 PROSTATE CENTER					
60	02 SPINE CENTER					
61	EMERGENCY	.173881	.173881			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.600043	.600043			
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

TITLE XVIII, PART B

SUBPROVIDER 1

		All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		279			
37	01 G.I. LAB					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		2,782			
41	02 ULTRASOUND					
41	03 CT SCANS		8,315			
42	RADIOLOGY-THERAPEUTIC		2,221			
43	RADIOISOTOPE					
43	01 STRAUSS ONCOLOGY					
44	LABORATORY		1,518			
47	BLOOD STORING, PROCESSING & TRANS.					
49	RESPIRATORY THERAPY		1,799			
50	PHYSICAL THERAPY					
50	01 AUDIOLOGY					
50	02 SCHWAB PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY		997			
54	ELECTROENCEPHALOGRAPHY		392			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		228			
56	DRUGS CHARGED TO PATIENTS		504			
58	01 RENAL					
59	WOUND CARE					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC		492			
60	01 PROSTATE CENTER					
60	02 SPINE CENTER					
61	EMERGENCY		988			
62	OBSERVATION BEDS (NON-DISTINCT PART)					
101	SUBTOTAL		20,515			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		20,515			

TITLE XVIII, PART B

SUBPROVIDER 1

		Outpatient Radiology	Other Outpatient Diagnostic	All other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				87	
37	01 G.I. LAB					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC				695	
41	02 ULTRASOUND					
41	03 CT SCANS				474	
42	RADIOLOGY-THERAPEUTIC				455	
43	RADIOISOTOPE					
43	01 STRAUSS ONCOLOGY					
44	LABORATORY				162	
47	BLOOD STORING, PROCESSING & TRANS.					
49	RESPIRATORY THERAPY				355	
50	PHYSICAL THERAPY					
50	01 AUDIOLOGY					
50	02 SCHWAB PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY				176	
54	ELECTROENCEPHALOGRAPHY				331	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				53	
56	DRUGS CHARGED TO PATIENTS				94	
58	01 RENAL					
59	WOUND CARE					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC				376	
60	01 PROSTATE CENTER					
60	02 SPINE CENTER					
61	EMERGENCY				172	
62	OBSERVATION BEDS (NON-DISTINCT PART)					
101	SUBTOTAL				3,430	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES				3,430	

Health Financial Systems MCRIF32 FOR LOUIS A. WEISS MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(05/2004) CONTD
 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 10/23/2008
 I 14-0082 I FROM 6/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 5/31/2008 I PART V
 I 14-T082 I

TITLE XVIII, PART 8

SUBPROVIDER 1

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

(A) ANCILLARY SRVC COST CNTRS
 37 OPERATING ROOM
 37 01 G.I. LAB
 39 DELIVERY ROOM & LABOR ROOM
 40 ANESTHESIOLOGY
 41 RADIOLOGY-DIAGNOSTIC
 41 02 ULTRASOUND
 41 03 CT SCANS
 42 RADIOLOGY-THERAPEUTIC
 43 RADIOISOTOPE
 43 01 STRAUSS ONCOLOGY
 44 LABORATORY
 47 BLOOD STORING, PROCESSING & TRANS.
 49 RESPIRATORY THERAPY
 50 PHYSICAL THERAPY
 50 01 AUDIOLOGY
 50 02 SCHWAB PHYSICAL THERAPY
 53 ELECTROCARDIOLOGY
 54 ELECTROENCEPHALOGRAPHY
 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
 56 DRUGS CHARGED TO PATIENTS
 58 01 RENAL
 59 WOUND CARE
 60 OUTPAT SERVICE COST CNTRS
 60 CLINIC
 60 01 PROSTATE CENTER
 60 02 SPINE CENTER
 61 EMERGENCY
 62 OBSERVATION BEDS (NON-DISTINCT PART)
 101 SUBTOTAL
 102 CRNA CHARGES
 103 LESS PBP CLINIC LAB SVCS-
 104 PROGRAM ONLY CHARGES
 NET CHARGES

TITLE XVIII, PART A

SUBPROVIDER 2

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
37	01 OPERATING ROOM		1,503,192	48,001,639	5,320		
39	G.I. LAB		168,219	4,512,402	1,190		
40	DELIVERY ROOM & LABOR ROO		5,586	269,861			
41	ANESTHESIOLOGY		22,127	4,450,830	445		
41	02 RADIOLOGY-DIAGNOSTIC		604,340	15,312,030	71,775		
41	ULTRASOUND		13,365	2,632,868	2,836		
41	03 CT SCANS		55,693	15,343,188	86,111		
42	RADIOLOGY-THERAPEUTIC		134,464	3,868,519	1,397		
43	RADIOISOTOPE		165,433	2,555,628			
43	01 STRAUSS ONCOLOGY		312,346	23,406,472			
44	LABORATORY		270,755	40,762,387	336,095		
47	BLOOD STORING, PROCESSING		28,808	4,383,730			
49	RESPIRATORY THERAPY		79,783	7,956,225	60,952		
50	PHYSICAL THERAPY		190,106	7,634,617	107,088		
50	01 AUDIOLOGY		911	94,485	1,401		
50	02 SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY		450,055	17,706,299	49,893		
54	ELECTROENCEPHALOGRAPHY		33,188	160,887	392		
55	MEDICAL SUPPLIES CHARGED		254,744	32,126,583	25,998		
56	DRUGS CHARGED TO PATIENTS		157,161	34,546,782	449,606		
58	01 RENAL		5,532	1,085,507	15,470		
59	WOUND CARE		122,873	2,337,332			
60	OUTPAT SERVICE COST CNTRS						
60	01 CLINIC		312,171	2,532,214			
60	02 PROSTATE CENTER						
61	SPINE CENTER						
61	EMERGENCY		567,178	24,241,051	138,530		
62	OBSERVATION BEDS (NON-DIS		126,673	1,438,179			
62	OTHER REIMBURS COST CNTRS						
101	TOTAL		5,584,703	297,359,715	1,354,499		

TITLE XVIII, PART A

SUBPROVIDER 2

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.031315	167
37 01	G.I. LAB	.037279	44
39	DELIVERY ROOM & LABOR ROO	.020700	
40	ANESTHESIOLOGY	.004971	2
41	RADIOLOGY-DIAGNOSTIC	.039468	2,833
41 02	ULTRASOUND	.005076	14
41 03	CT SCANS	.003630	313
42	RADIOLOGY-THERAPEUTIC	.034759	49
43	RADIOISOTOPE	.064733	
43 01	STRAUSS ONCOLOGY	.013344	
44	LABORATORY	.006642	2,232
47	BLOOD STORING, PROCESSING	.006572	
49	RESPIRATORY THERAPY	.010028	611
50	PHYSICAL THERAPY	.024901	2,667
50 01	AUDIOLOGY	.009642	14
50 02	SCHWAB PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY	.025418	1,268
54	ELECTROENCEPHALOGRAPHY	.206281	81
55	MEDICAL SUPPLIES CHARGED	.007929	206
56	DRUGS CHARGED TO PATIENTS	.004549	2,045
58 01	RENAL	.005096	79
59	WOUND CARE	.052570	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.123280	
60 01	PROSTATE CENTER		
60 02	SPINE CENTER		
61	EMERGENCY	.023397	3,241
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.088079	
101	TOTAL		15,866

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/23/2008
I 14-0082 I FROM 6/ 1/2007 I WORKSHEET D
I COMPONENT NO: I TO 5/31/2008 I PART IV
I 14-S082 I

TITLE XVIII, PART A

SUBPROVIDER 2

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
37 01	G.I. LAB					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
41 02	ULTRASOUND					
41 03	CT SCANS					
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
43 01	STRAUSS ONCOLOGY					
44	LABORATORY					
47	BLOOD STORING, PROCESSING					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
50 01	AUDIOLOGY					
50 02	SCHWAB PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
58 01	RENAL					
59	WOUND CARE					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	PROSTATE CENTER					
60 02	SPINE CENTER					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	TOTAL					

TITLE XVIII, PART A

SUBPROVIDER 2

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
37	01 OPERATING ROOM			48,001,639			5,320	
39	G.I. LAB			4,512,402			1,190	
40	DELIVERY ROOM & LABOR ROO			269,861				
41	ANESTHESIOLOGY			4,450,830			445	
41	02 RADIOLOGY-DIAGNOSTIC			15,312,030			71,775	
41	03 ULTRASOUND			2,632,868			2,836	
42	CT SCANS			15,343,188			86,111	
43	RADIOLOGY-THERAPEUTIC			3,868,519			1,397	
43	01 RADIOISOTOPE			2,555,628				
44	STRAUSS ONCOLOGY			23,406,472				
47	LABORATORY			40,762,387			336,095	
49	BLOOD STORING, PROCESSING			4,383,730				
50	RESPIRATORY THERAPY			7,956,225			60,952	
50	01 PHYSICAL THERAPY			7,634,617			107,088	
50	02 AUDIOLOGY			94,485			1,401	
53	SCHWAB PHYSICAL THERAPY							
54	ELECTROCARDIOLOGY			17,706,299			49,893	
55	ELECTROENCEPHALOGRAPHY			160,887			392	
56	MEDICAL SUPPLIES CHARGED			32,126,583			25,998	
58	01 DRUGS CHARGED TO PATIENTS			34,546,782			449,606	
59	RENAL			1,085,507			15,470	
60	WOUND CARE			2,337,332				
60	01 OUTPAT SERVICE COST CNTRS							
60	02 CLINIC			2,532,214				
61	PROSTATE CENTER							
61	02 SPINE CENTER							
62	EMERGENCY			24,241,051			138,530	
62	OBSERVATION BEDS (NON-DIS			1,438,179				
101	01 OTHER REIMBURS COST CNTRS							
	TOTAL			297,359,715			1,354,499	

TITLE XVIII, PART A

SUBPROVIDER 2

TEFRA

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37	01 G.I. LAB						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,126					
41	02 ULTRASOUND	1,355					
41	03 CT SCANS	1,504					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 STRAUSS ONCOLOGY						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50	01 AUDIOLOGY						
50	02 SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	1,730					
54	ELECTROENCEPHALOGRAPHY	392					
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	1,299					
58	01 RENAL						
59	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PROSTATE CENTER						
60	02 SPINE CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	7,406					

Health Financial Systems MCRIF32 FOR LOUIS A. WEISS MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(05/2004)
 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 10/23/2008
 I 14-0082 I FROM 6/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 5/31/2008 I PART V
 I 14-S082 I

TITLE XVIII, PART B

SUBPROVIDER 2

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.313153	.313153			
37 01 G.I. LAB	.263305	.263305			
39 DELIVERY ROOM & LABOR ROOM	.314377	.314377			
40 ANESTHESIOLOGY	.054767	.054767			
41 RADIOLOGY-DIAGNOSTIC	.249790	.249790			
41 02 ULTRASOUND	.127643	.127643			
41 03 CT SCANS	.057015	.057015			
42 RADIOLOGY-THERAPEUTIC	.204979	.204979			
43 RADIOISOTOPE	.373320	.373320			
43 01 STRAUSS ONCOLOGY	.211038	.211038			
44 LABORATORY	.106411	.106411			
47 BLOOD STORING, PROCESSING & TRANS.	.309026	.309026			
49 RESPIRATORY THERAPY	.197460	.197460			
50 PHYSICAL THERAPY	.317601	.317601			
50 01 AUDIOLOGY	.510176	.510176			
50 02 SCHWAB PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY	.176419	.176419			
54 ELECTROENCEPHALOGRAPHY	.844512	.844512			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.230503	.230503			
56 DRUGS CHARGED TO PATIENTS	.186604	.186604			
58 01 RENAL	.348866	.348866			
59 WOUND CARE	.390206	.390206			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.764448	.764448			
60 01 PROSTATE CENTER					
60 02 SPINE CENTER					
61 EMERGENCY	.173881	.173881			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.600043	.600043			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B

SUBPROVIDER 2

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
37	01 G.I. LAB					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		1,126			
41	02 ULTRASOUND		1,355			
41	03 CT SCANS		1,504			
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
43	01 STRAUSS ONCOLOGY					
44	LABORATORY					
47	BLOOD STORING, PROCESSING & TRANS.					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
50	01 AUDIOLOGY					
50	02 SCHWAB PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY		1,730			
54	ELECTROENCEPHALOGRAPHY		392			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	DRUGS CHARGED TO PATIENTS		1,299			
58	01 RENAL					
59	WOUND CARE					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 PROSTATE CENTER					
60	02 SPINE CENTER					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
101	SUBTOTAL		7,406			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		7,406			

TITLE XVIII, PART B

SUBPROVIDER 2

		Outpatient Radiology	Other Outpatient Diagnostic	All other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
37	01 G.I. LAB					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC				281	
41	02 ULTRASOUND				173	
41	03 CT SCANS				86	
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
43	01 STRAUSS ONCOLOGY					
44	LABORATORY					
47	BLOOD STORING, PROCESSING & TRANS.					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
50	01 AUDIOLOGY					
50	02 SCHWAB PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY				305	
54	ELECTROENCEPHALOGRAPHY				331	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	DRUGS CHARGED TO PATIENTS				242	
58	01 RENAL					
59	WOUND CARE					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 PROSTATE CENTER					
60	02 SPINE CENTER					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
101	SUBTOTAL				1,418	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES				1,418	

Cost Center Description	9.03	10	11
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(A)          ANCILLARY SRVC COST CNTRS
37          OPERATING ROOM
37 01        G.I. LAB
39          DELIVERY ROOM & LABOR ROOM
40          ANESTHESIOLOGY
41          RADIOLOGY-DIAGNOSTIC
41 02        ULTRASOUND
41 03        CT SCANS
42          RADIOLOGY-THERAPEUTIC
43          RADIOISOTOPE
43 01        STRAUSS ONCOLOGY
44          LABORATORY
47          BLOOD STORING, PROCESSING & TRANS.
49          RESPIRATORY THERAPY
50          PHYSICAL THERAPY
50 01        AUDIOLOGY
50 02        SCHWAB PHYSICAL THERAPY
53          ELECTROCARDIOLOGY
54          ELECTROENCEPHALOGRAPHY
55          MEDICAL SUPPLIES CHARGED TO PATIENTS
56          DRUGS CHARGED TO PATIENTS
58 01        RENAL
59          WOUND CARE
          OUTPAT SERVICE COST CNTRS
60          CLINIC
60 01        PROSTATE CENTER
60 02        SPINE CENTER
61          EMERGENCY
62          OBSERVATION BEDS (NON-DISTINCT PART)
101         SUBTOTAL
102         CRNA CHARGES
103         LESS PBP CLINIC LAB SVCS-
          PROGRAM ONLY CHARGES
104         NET CHARGES

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TITLE XVIII PART A	HOSPITAL	PPS
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PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	26,595
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	26,595
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	26,595
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	13,826
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	16,428,637
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	16,428,637

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	45,718,708
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	45,718,708
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.359342
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,719.07
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	16,428,637

TITLE XVIII PART A

HOSPITAL

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 617.73
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 8,540,735
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 8,540,735

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	6,123,451	5,158	1,187.18	2,742	3,255,248
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					16,571,735
49 TOTAL PROGRAM INPATIENT COSTS					28,367,718

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 1,580,451
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 1,234,882
 52 TOTAL PROGRAM EXCLUDABLE COST 2,815,333
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 25,552,385

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A

HOSPITAL

PPS

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY

1

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68	PROGRAM ROUTINE SERVICE COST
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
72	PER DIEM CAPITAL-RELATED COSTS
73	PROGRAM CAPITAL-RELATED COSTS
74	INPATIENT ROUTINE SERVICE COST
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78	INPATIENT ROUTINE SERVICE COST LIMITATION
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS
80	PROGRAM INPATIENT ANCILLARY SERVICES
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION
82	TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,397
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	617.73
85	OBSERVATION BED COST	862,969

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	16,428,637		862,969	
87	NEW CAPITAL-RELATED COST	2,411,509	.146787	862,969	126,673
88	NON PHYSICIAN ANESTHETIST	16,428,637		862,969	
89	MEDICAL EDUCATION	16,428,637		862,969	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,449
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,449
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,449
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,009
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,180,285
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,180,285

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,202,364
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,202,364
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.611315
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,169.33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,180,285

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 10/23/2008
 I 14-0082 I FROM 6/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 5/31/2008 I PART II
 I 14-T082 I I

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	714.83
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,150,923
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,150,923

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				1,146,587
49	TOTAL PROGRAM INPATIENT COSTS				3,297,510

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	320,940
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	81,332
52	TOTAL PROGRAM EXCLUDABLE COST	402,272
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	2,895,238

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

1

714.83

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST		3,180,285			
87	NEW CAPITAL-RELATED COST	474,545	3,180,285	.149215		
88	NON PHYSICIAN ANESTHETIST		3,180,285			
89	MEDICAL EDUCATION		3,180,285			
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A

SUBPROVIDER II

TEFRA

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,858
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,858
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,858
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,406
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,883,008
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,883,008

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,058,726
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,058,726
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.463941
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,420.13
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,883,008

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 10/23/2008
 I 14-0082 I FROM 6/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 5/31/2008 I PART II
 I 14-S082 I I

TITLE XVIII PART A

SUBPROVIDER II

TEFRA

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	658.86
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,585,217
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,585,217

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
--	------------------------	------------------------	--------------------------	----------------------	----------------------

42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				236,525
49	TOTAL PROGRAM INPATIENT COSTS				1,821,742

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	210,742
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	15,866
52	TOTAL PROGRAM EXCLUDABLE COST	226,608
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	1,595,134

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES	270
55	TARGET AMOUNT PER DISCHARGE	11,746.17
56	TARGET AMOUNT	3,171,466
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	1,576,332
58	BONUS PAYMENT	63,429
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.	
58.04	RELIEF PAYMENT	
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	1,885,171
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

1

PART IV - COMPUTATION OF OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST		1,883,008			
87	NEW CAPITAL-RELATED COST	250,327	1,883,008	.132940		
88	NON PHYSICIAN ANESTHETIST		1,883,008			
89	MEDICAL EDUCATION		1,883,008			
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		25,247,172	
27	INTENSIVE CARE UNIT		8,066,964	
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
31	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER II			
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.313852	14,233,992	4,467,367
37	01 G.I. LAB	.263305	477,597	125,754
39	DELIVERY ROOM & LABOR ROOM	.314377		
40	ANESTHESIOLOGY	.054767	1,216,773	66,639
41	RADIOLOGY-DIAGNOSTIC	.250424	3,477,133	870,758
41	02 ULTRASOUND	.127643	607,012	77,481
41	03 CT SCANS	.057015	3,471,551	197,930
42	RADIOLOGY-THERAPEUTIC	.204979	798,441	163,664
43	RADIOISOTOPE	.373320		
43	01 STRAUSS ONCOLOGY	.211038	1,387	293
44	LABORATORY	.106411	16,095,615	1,712,750
47	BLOOD STORING, PROCESSING & TRANS.	.309026	1,438,193	444,439
49	RESPIRATORY THERAPY	.197460	3,896,714	769,445
50	PHYSICAL THERAPY	.317601	1,344,915	427,146
50	01 AUDIOLOGY	.510176		
50	02 SCHWAB PHYSICAL THERAPY			
53	ELECTROCARDIOLOGY	.176419	5,572,025	983,011
54	ELECTROENCEPHALOGRAPHY	.844512	118,350	99,948
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.230503	12,411,994	2,861,002
56	DRUGS CHARGED TO PATIENTS	.186604	14,337,087	2,675,358
58	01 RENAL	.348866	452,509	157,865
59	WOUND CARE	.390206		
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.764448	10,185	7,786
60	01 PROSTATE CENTER			
60	02 SPINE CENTER			
61	EMERGENCY	.173881	2,604,981	452,957
62	OBSERVATION BEDS (NON-DISTINCT PART)	.600043	16,902	10,142
101	OTHER REIMBURS COST CNTRS			
102	TOTAL		82,583,356	16,571,735
102	LESS PBP CLINIC LABORATORY SERVICES -			
103	PROGRAM ONLY CHARGES			
103	NET CHARGES		82,583,356	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/23/2008
I	14-0082	I	FROM 6/ 1/2007	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 5/31/2008	I	
I	14-T082	I		I	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER II		3,522,117	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.313852	161,298	50,624
37	01 G.I. LAB	.263305	3,120	822
39	DELIVERY ROOM & LABOR ROOM	.314377		
40	ANESTHESIOLOGY	.054767	4,752	260
41	RADIOLOGY-DIAGNOSTIC	.250424	113,473	28,416
41	02 ULTRASOUND	.127643	11,021	1,407
41	03 CT SCANS	.057015	46,769	2,667
42	RADIOLOGY-THERAPEUTIC	.204979		
43	RADIOISOTOPE	.373320		
43	01 STRAUSS ONCOLOGY	.211038		
44	LABORATORY	.106411	538,036	57,253
47	BLOOD STORING, PROCESSING & TRANS.	.309026	29,374	9,077
49	RESPIRATORY THERAPY	.197460	110,951	21,908
50	PHYSICAL THERAPY	.317601	2,400,721	762,471
50	01 AUDIOLOGY	.510176		
50	02 SCHWAB PHYSICAL THERAPY			
53	ELECTROCARDIOLOGY	.176419	36,614	6,459
54	ELECTROENCEPHALOGRAPHY	.844512	1,175	992
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.230503	286,408	66,018
56	DRUGS CHARGED TO PATIENTS	.186604	695,243	129,735
58	01 RENAL	.348866	23,206	8,096
59	WOUND CARE	.390206		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.764448		
60	01 PROSTATE CENTER			
60	02 SPINE CENTER			
61	EMERGENCY	.173881	2,197	382
62	OBSERVATION BEDS (NON-DISTINCT PART)	.600043		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		4,464,358	1,146,587
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		4,464,358	

TITLE XVIII, PART A

SUBPROVIDER 2

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
27	INTENSIVE CARE UNIT			
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
31	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER II		3,467,049	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.313153	5,320	1,666
37	01 G.I. LAB	.263305	1,190	313
39	DELIVERY ROOM & LABOR ROOM	.314377		
40	ANESTHESIOLOGY	.054767	445	24
41	RADIOLOGY-DIAGNOSTIC	.249790	71,775	17,929
41	02 ULTRASOUND	.127643	2,836	362
41	03 CT SCANS	.057015	86,111	4,910
42	RADIOLOGY-THERAPEUTIC	.204979	1,397	286
43	RADIOISOTOPE	.373320		
43	01 STRAUSS ONCOLOGY	.211038		
44	LABORATORY	.106411	336,095	35,764
47	BLOOD STORING, PROCESSING & TRANS.	.309026		
49	RESPIRATORY THERAPY	.197460	60,952	12,036
50	PHYSICAL THERAPY	.317601	107,088	34,011
50	01 AUDIOLOGY	.510176	1,401	715
50	02 SCHWAB PHYSICAL THERAPY			
53	ELECTROCARDIOLOGY	.176419	49,893	8,802
54	ELECTROENCEPHALOGRAPHY	.844512	392	331
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.230503	25,998	5,993
56	DRUGS CHARGED TO PATIENTS	.186604	449,606	83,898
58	01 RENAL	.348866	15,470	5,397
59	WOUND CARE	.390206		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.764448		
60	01 PROSTATE CENTER			
60	02 SPINE CENTER			
61	EMERGENCY	.173881	138,530	24,088
62	OBSERVATION BEDS (NON-DISTINCT PART)	.600043		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,354,499	236,525
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		1,354,499	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	7,444,062	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5,543,659	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	11,165,640	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	269,818	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	151,712	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	499,234	
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	210,612	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	143.31	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	62.12	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	E-3 PT 6 LN 15 PLUS LN 3.06	60.71
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	60.71	50.81
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		50.81
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		48.99
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		52.86
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		50.89
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		.355104
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		.303588
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		.303588
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		1,154,166
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		871,523
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		1,784,994
	SUM OF LINES 3.21 - 3.23	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	3,810,683	3,810,683
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		14.45
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		23.99
4.02 SUM OF LINES 4 AND 4.01		38.44
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		20.93
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		5,055,298
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

	1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	33,229,954	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) FY BEG. 10/1/2000		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	33,229,954	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,687,800	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	2,396,533	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	38,314,287	
17 PRIMARY PAYER PAYMENTS	140,311	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	38,173,976	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,811,552	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	255,768	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,185,709	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	829,996	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,051,257	
22 SUBTOTAL	36,936,652	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	36,936,652	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	37,695,440	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-758,788	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	754,816	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	10,647,524
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	9,203,924
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.792
1.04	LINE 1.01 TIMES LINE 1.03.	8,432,839
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUCTIONS)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	9,203,924
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,399,379
19	SUBTOTAL (SEE INSTRUCTIONS)	6,804,545
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	765,591
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	7,570,136
24	PRIMARY PAYER PAYMENTS	3,214
25	SUBTOTAL	7,566,922
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	1,367,977
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	957,584
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,263,168
28	SUBTOTAL	8,524,506
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	8,524,506
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	7,452,483
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	1,072,023
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	3,430
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	4,177
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.792
1.04	LINE 1.01 TIMES LINE 1.03.	2,717
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRU)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	4,177
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,380
19	SUBTOTAL (SEE INSTRUCTIONS)	2,797
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,797
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	2,797
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	2,797
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,797
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,797
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 2

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	1,418
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	1,444
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.792
1.04	LINE 1.01 TIMES LINE 1.03.	1,123
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRU)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	1,444
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	462
19	SUBTOTAL (SEE INSTRUCTIONS)	982
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	982
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	982
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	982
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	982
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	981
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	1
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 10/23/2008
 I 14-0082 I FROM 6/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 5/31/2008 I
 I 14-0082 I I

TITLE XVIII

HOSPITAL

DESCRIPTION

INPATIENT-PART A P A R T B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT
 1 2 3 4

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER

35,160,053

6,801,369

2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS,
 EITHER SUBMITTED OR TO BE SUBMITTED TO THE
 INTERMEDIARY, FOR SERVICES RENDERED IN THE COST
 REPORTING PERIOD. IF NONE, WRITE "NONE" OR
 ENTER A ZERO.

NONE

NONE

3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT
 AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM
 RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE
 OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A
 ZERO. (1)

ADJUSTMENTS TO PROVIDER .01

5/31/2008

2,535,387

5/31/2008

651,114

ADJUSTMENTS TO PROVIDER .02

ADJUSTMENTS TO PROVIDER .03

ADJUSTMENTS TO PROVIDER .04

ADJUSTMENTS TO PROVIDER .05

ADJUSTMENTS TO PROGRAM .50

ADJUSTMENTS TO PROGRAM .51

ADJUSTMENTS TO PROGRAM .52

ADJUSTMENTS TO PROGRAM .53

ADJUSTMENTS TO PROGRAM .54

SUBTOTAL

.99

2,535,387

651,114

4 TOTAL INTERIM PAYMENTS

37,695,440

7,452,483

TO BE COMPLETED BY INTERMEDIARY

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT
 AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.
 IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

TENTATIVE TO PROVIDER .01

TENTATIVE TO PROVIDER .02

TENTATIVE TO PROVIDER .03

TENTATIVE TO PROGRAM .50

TENTATIVE TO PROGRAM .51

TENTATIVE TO PROGRAM .52

SUBTOTAL

.99

NONE

NONE

6 DETERMINED NET SETTLEMENT SETTLEMENT TO PROVIDER .01
 AMOUNT (BALANCE DUE) SETTLEMENT TO PROGRAM .02
 BASED ON COST REPORT (1)

7 TOTAL MEDICARE PROGRAM LIABILITY

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER
 AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2	3	4
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		4,169,136 NONE		2,797 NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE 4,169,136		NONE 2,797
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2	3	4
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		1,904,626		981
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		NONE		NONE
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,904,626		981
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE)				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:

INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	3,743,488
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.1135
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	462,523
1.05	OUTLIER PAYMENTS	3,794
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	4,209,805
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	12.155738
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	4,209,805
5	PRIMARY PAYER PAYMENTS	11,553
6	SUBTOTAL	4,198,252
7	DEDUCTIBLES	16,096
8	SUBTOTAL	4,182,156
9	COINSURANCE	21,992
10	SUBTOTAL	4,160,164
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	4,160,164
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

Health Financial Systems	MCRIF32	FOR LOUIS A. WEISS MEMORIAL HOSPITAL	IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)
CALCULATION OF REIMBURSEMENT SETTLEMENT		I PROVIDER NO: I PERIOD: I PREPARED 10/23/2008	
		I 14-0082 I FROM 6/ 1/2007 I WORKSHEET E-3	
		I COMPONENT NO: I TO 5/31/2008 I PART I	
		I 14-T082 I I	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,160,164
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,169,136
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-8,972
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

----- FI ONLY -----

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
53	ENTER THE TIME VALUE OF MONEY.

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	1,885,171
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	471,293
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,469,223
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	7.808743
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,469,223
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	1,319,620
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	989,715
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,940,516
1.35	INPATIENT REHABILITATION FACILITY (IRF) UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,940,516
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,940,516
7	DEDUCTIBLES	94,336
8	SUBTOTAL	1,846,180
9	COINSURANCE	26,056
10	SUBTOTAL	1,820,124
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	1,820,124
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,820,124
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,904,626
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-84,502
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

----- FI ONLY -----

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
53	ENTER THE TIME VALUE OF MONEY.

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
	XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

Health Financial Systems MCRIF32 FOR LOUIS A. WEISS MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
CALCULATION OF REIMBURSEMENT SETTLEMENT I PROVIDER NO: I PERIOD: I PREPARED 10/23/2008
I 14-0082 I FROM 6/ 1/2007 I WORKSHEET E-3
I COMPONENT NO: I TO 5/31/2008 I PART III
I - I I

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
11	ROUTINE SERVICE CHARGES			
12	ANCILLARY SERVICE CHARGES			
13	INTERNS AND RESIDENTS SERVICE CHARGES			
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
15	TEACHING PHYSICIANS			
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
17	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
20	RATIO OF LINE 17 TO LINE 18			
21	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
22	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
23	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
24	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
25	OTHER THAN OUTLIER PAYMENTS			
26	OUTLIER PAYMENTS			
27	PROGRAM CAPITAL PAYMENTS			
28	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
29	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
30	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
31	SUBTOTAL			
32	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
33	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
34	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
35	EXCESS OF REASONABLE COST			
36	SUBTOTAL			
37	COINSURANCE			
38	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38.01	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.02	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.03	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
39	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
40	UTILIZATION REVIEW			
41	SUBTOTAL (SEE INSTRUCTIONS)			
42	INPATIENT ROUTINE SERVICE COST			
43	MEDICARE INPATIENT ROUTINE CHARGES			
44	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
45	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
46	RATIO OF LINE 43 TO 44			
47	TOTAL CUSTOMARY CHARGES			
48	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
49	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
50	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
51	OTHER ADJUSTMENTS (SPECIFY)			
52	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
53	SUBTOTAL			
54	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
55	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
56	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
57	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57.01	INTERIM PAYMENTS			
58	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
59	BALANCE DUE PROVIDER/PROGRAM			
	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 10/23/2008
 I 14-0082 I FROM 6/ 1/2007 I WORKSHEET E-3
 I COMPONENT NO: I TO 5/31/2008 I PART III
 I 14-T082 I I

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX

SUBPROVIDER 1

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	SUBPROVIDER 2	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL			
11	COMPUTATION OF LESSER OF COST OR CHARGES			
12	REASONABLE CHARGES			
13	ROUTINE SERVICE CHARGES			
14	ANCILLARY SERVICE CHARGES			
15	INTERNS AND RESIDENTS SERVICE CHARGES			
16	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
17	TEACHING PHYSICIANS			
18	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
19	TOTAL REASONABLE CHARGES			
20	CUSTOMARY CHARGES			
21	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
22	PAYMENT FOR SERVICES ON A CHARGE BASIS			
23	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
24	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
25	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
26	RATIO OF LINE 17 TO LINE 18			
27	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
28	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
29	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
30	COST OF COVERED SERVICES			
31	PROSPECTIVE PAYMENT AMOUNT			
32	OTHER THAN OUTLIER PAYMENTS			
33	OUTLIER PAYMENTS			
34	PROGRAM CAPITAL PAYMENTS			
35	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
36	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
37	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
38	SUBTOTAL			
39	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
40	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
41	XVIII ENTER AMOUNT FROM LINE 30			
42	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
43	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
44	EXCESS OF REASONABLE COST			
45	SUBTOTAL			
46	COINSURANCE			
47	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
48	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
49	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
50	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
51	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
52	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
53	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
54	UTILIZATION REVIEW			
55	SUBTOTAL (SEE INSTRUCTIONS)			
56	INPATIENT ROUTINE SERVICE COST			
57	MEDICARE INPATIENT ROUTINE CHARGES			
58	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
59	PAYMENT FOR SERVICES ON A CHARGE BASIS			
60	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
61	FOR PAYMENT OF PART A SERVICES			
62	RATIO OF LINE 43 TO 44			
63	TOTAL CUSTOMARY CHARGES			
64	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
65	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
66	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
67	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
68	OTHER ADJUSTMENTS (SPECIFY)			
69	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
70	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
71	SUBTOTAL			
72	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
73	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
74	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
75	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
76	INTERIM PAYMENTS			
77	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
78	BALANCE DUE PROVIDER/PROGRAM			
79	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

Health Financial Systems MCRIF32 FOR LOUIS A. WEISS MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
CALCULATION OF REIMBURSEMENT SETTLEMENT I PROVIDER NO: I PERIOD: I PREPARED 10/23/2008
I 14-0082 I FROM 6/ 1/2007 I WORKSHEET E-3
I COMPONENT NO: I TO 5/31/2008 I PART III
I 14-S082 I

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX

SUBPROVIDER 2

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		62.64
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03		
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	62.36	62.36
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		50.81
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		50.81
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		25.81
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		20.50
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		46.31
3.10	SEE INSTRUCTIONS		46.31
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		20.50
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		7.55
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		17.40
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	15.15
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		15.15
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		105,302.43
3.18	SEE INSTRUCTIONS		1,595,332
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		39.33
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		34.54
3.21	SEE INSTRUCTIONS	RES INIT YEARS	33.23
3.22	SEE INSTRUCTIONS		33.23
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		111,206.15
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,695,380
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		5,290,712

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		21,983
5	TOTAL INPATIENT DAYS		37,663
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.583676
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	3,088,062	3,088,062
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		614
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		37,663
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		74,062
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3,6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

Health Financial Systems	MCRIF32	FOR LOUIS A. WEISS MEMORIAL HOSPITAL	IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)
DIRECT GRADUATE MEDICAL EDUCATION (GME)		I PROVIDER NO:	I PERIOD:
& ESRD OUTPATIENT DIRECT MEDICAL		I 14-0082	I FROM 6/ 1/2007
EDUCATION COSTS		I	I TO 5/31/2008
			I PREPARED 10/23/2008
			I WORKSHEET E-3
			I PART IV

TITLE XVIII

10 MEDICARE OUTPATIENT ESRD CHARGES
 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12 REASONABLE COST (SEE INSTRUCTIONS)	33,486,970
13 ORGAN ACQUISITION COSTS	
14 COST OF TEACHING PHYSICIANS	
15 PRIMARY PAYER PAYMENTS	151,864
16 TOTAL PART A REASONABLE COST	33,335,106

PART B REASONABLE COST

17 REASONABLE COST	10,652,372
18 PRIMARY PAYER PAYMENTS	3,214
19 TOTAL PART B REASONABLE COST	10,649,158
20 TOTAL REASONABLE COST	43,984,264
21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.757887
22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.242113

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23 TOTAL PROGRAM GME PAYMENT	
23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97	3,162,124
(SUM OF LINES 6.01, 6.05, & 6.08)	
24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,396,533
25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	765,591

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	62.36	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	62.64	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	62.36	

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)

5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)

6 GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)

7 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)

8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)

9 MULTIPLY LINE 7 TIMES LINE 8

10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.

11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)

12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

13 REDUCED IME FTE CAP (SEE INSTRUCTIONS)	60.71
14 UNADJUSTED IME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	62.12
15 PRORATED REDUCED ALLOWABLE IME FTE CAP	60.71

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).

17 IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)

18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)

19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)

20 IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)

21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.

22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005

23 ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	-987,735			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	23,790,496			
5	OTHER RECEIVABLES	133,211			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-4,711,211			
7	INVENTORY	3,679,524			
8	PREPAID EXPENSES	352,850			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	22,257,135			
FIXED ASSETS					
12	LAND	13,168,721			
12.01	LAND IMPROVEMENTS	31,363			
13	LESS ACCUMULATED DEPRECIATION				
13.01	BUILDINGS	31,251,623			
14	LESS ACCUMULATED DEPRECIATION				
14.01	LEASEHOLD IMPROVEMENTS	32,400			
15	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	23,038,340			
18	LESS ACCUMULATED DEPRECIATION	-25,782,739			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE	9,382,809			
20	TOTAL FIXED ASSETS	51,122,517			
OTHER ASSETS					
22	INVESTMENTS	230,000			
23	DEPOSITS ON LEASES	4			
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	18,850			
26	TOTAL OTHER ASSETS	248,854			
27	TOTAL ASSETS	73,628,506			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	6,612,447			
29 SALARIES, WAGES & FEES PAYABLE	5,744,049			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	-430,539			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	11,925,957			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	102,889,396			
38 NOTES PAYABLE	-1,436,699			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	1,334,102			
42 TOTAL LONG-TERM LIABILITIES	102,786,799			
43 TOTAL LIABILITIES	114,712,756			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-41,084,250			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	-41,084,250			
52 TOTAL LIABILITIES AND FUND BALANCES	73,628,506			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		-37,288,091		
2 NET INCOME (LOSS)		-8,978,889		
3 TOTAL		-46,266,980		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		-46,266,980		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		-46,266,980		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER		INPATIENT 1	OUTPATIENT 2	TOTAL 3
	GENERAL INPATIENT ROUTINE CARE SERVICES			
1	00 HOSPITAL	45,718,708		45,718,708
2	00 SUBPROVIDER	5,202,364		5,202,364
2	01 SUBPROVIDER II	4,058,726		4,058,726
4	00 SWING BED - SNF			
5	00 SWING BED - NF			
9	00 TOTAL GENERAL INPATIENT ROUTINE CARE	54,979,798		54,979,798
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10	00 INTENSIVE CARE UNIT	15,143,703		15,143,703
11	00 CORONARY CARE UNIT			
12	00 BURN INTENSIVE CARE UNIT			
13	00 SURGICAL INTENSIVE CARE UNIT			
15	00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	15,143,703		15,143,703
16	00 TOTAL INPATIENT ROUTINE CARE SERVICE	70,123,501		70,123,501
17	00 ANCILLARY SERVICES	158,094,026	111,054,245	269,148,271
18	00 OUTPATIENT SERVICES	9,675,870	18,535,574	28,211,444
24	00 PHYSICIANS PRIVATE OFFICE		5,950,103	5,950,103
24	01 PHYSICIAN ASSISTANTS		61,009	61,009
24	02 PHYSICIAN CHARGES		1,808,220	1,808,220
24	03			
24	04			
25	00 TOTAL PATIENT REVENUES	237,893,397	137,409,151	375,302,548

PART II-OPERATING EXPENSES

26	00	OPERATING EXPENSES	121,550,004
		ADD (SPECIFY)	
27	00	ADD (SPECIFY)	
28	00		
29	00		
30	00		
31	00		
32	00		
33	00	TOTAL ADDITIONS	
		DEDUCT (SPECIFY)	
34	00	DEDUCT (SPECIFY)	
35	00		
36	00		
37	00		
38	00		
39	00	TOTAL DEDUCTIONS	
40	00	TOTAL OPERATING EXPENSES	121,550,004

1	TOTAL PATIENT REVENUES	375,302,548
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	263,912,937
3	NET PATIENT REVENUES	111,389,611
4	LESS: TOTAL OPERATING EXPENSES	121,550,004
5	NET INCOME FROM SERVICE TO PATIENTS	-10,160,393
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	319,936
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	3,934
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	4,386
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	ACCUAL THAT NETS TO ZERO FOR THE ME	8,498
24.01	LEASE AGREEMENT	2,613
24.02	MISC. RENTAL INCOME	65,349
24.03	REVENUE OTHER OPERATING	395
24.04	ONCOLOGY RESEARCH FUND	24,192
24.05	PAYMENT ON DR. LUTFI RELOCATION	1,011
24.06	SHUTTLE VAN FAIR	4,427
24.07	REVENUE OTHER OPERATING	239,587
24.08	VASCULAR LAB REVENUE	1,150
24.09	WATER TOWER RENT-POB SUBLET TO TENAN	494,176
24.10	WEISS MEDICAL STAFF APPLICATION FEES	11,850
24.11		
25	TOTAL OTHER INCOME	1,181,504
26	TOTAL	-8,978,889
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-8,978,889

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,096,160
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	25,677
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	82.94
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	50.89
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	18.90
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	396,174
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	14.45
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	23.99
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	38.44
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	8.10
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	169,789
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,687,800

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST
3	TOTAL INPATIENT PROGRAM CAPITAL COST
4	CAPITAL COST PAYMENT FACTOR
5	TOTAL INPATIENT PROGRAM CAPITAL COST

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	